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ANNUAL WORK PLAN DECEMBER 2017

3. (b) Planned PHN Activities – After Hours Primary Health Care 2017-19

Proposed Activities – After Hours Primary Health Care 2016-17		
Activity Title / Reference (eg. NP 1)	AH 1.0 : Fund and facilitate the co-design of innovative after hours healthcare programs that are underpinned by cross-sectoral and inter-professional arrangements	
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan).	
	Incorporating: Increase access to GPs and other primary health care services in the after-hours period	
Needs Assessment Priority Area (eg. 1, 2, 3)	Implement hot spot service solutions to address after hours service shortfalls in the catchment	
	AH 1.1 Commission Healthcare Organisations to develop innovative solutions to address after hours needs in the region and to decrease primary care type presentations in emergency departments	
Description of Activity	 Co-design innovative service delivery models, particularly for geographical "hotspots" where MDS and after hours GP service availability is limited or non-existent and where vulnerable groups or 'at-risk' populations access to care maybe inadequate. Resource allocation will be made available to healthcare organisations to implement service delivery models which will target a number of cohorts including young people, people with mental health conditions, vulnerable populations, aged, CALD /Refugee, geographically isolated etc. Commissioning of services should consider areas where market failure is evident, particularly in outlying areas of the catchment. Modality of solutions will be innovative and should encourage a range of options including telehealth and other digital platforms. 	
	AH 1.2 Support continuation of the after-hours GP clinic in the outer east from 2017 -2019.	
	• EMPHN commissioned Eastern Health to provide After Hours GP services for the residents in the outer east in 2016/17. EMPHN recently completed an After Hours diagnostic and prioritisation project which highlighted the continued need for this service for the Healesville and surrounding community and subsequently executed a new contract incorporating funding for additional hours for 2017-18. Funding from this activity will be used to extend the current contract with Eastern Health until 2019. Contract	

	deliverables for this service incorporate extensive reporting including retrospective and patient consultation data to demonstrate the effectiveness of the service.
	AH 1.3 Implement and evaluate the Northern Area after-hours Access Pilot Project in 2017/18 and assign funding for expansion of the service.
	• EMPHN has commissioned Lakes Boulevard Medical Service to provide after-hours urgent care type services in the Outer North to reduce primary care type presentations at the Northern Hospital. Funding for this service has already been committed in the 2016/17 financial year. An evaluation will be completed to determine effectiveness and suitability for expansion/extension of contract (funding has been allocated with the intent of expanding).
Target population cohort	 Communities of EMPHN's outer eastern and outer northern catchments where access to after- hours general practice services is limited. Vulnerable population groups including homeless, disabled, CALD/refugee population, youth, mental health
Consultation	Consultation with general practices, LHNs, RACFs, Pharmacists, medical deputising services (MDS), Residential In Reach Services (RIR), consumers, medical specialties as part of the After Hours Diagnostic and Prioritisation Project 2017
Collaboration	 AH 1.1 General practices in targeted hotspots where "urgent care" type services are available. LHNS to provide input into co-designing of solutions to procure. Work with health care organisations to develop innovative solutions to increase access to after-hours services for vulnerable populations and 'at - risk' groups. Collaboration with other PHNs to implement solutions to a broader geographical area. AH 1.2 Eastern Health: Organisation commissioned to provide after-hours general practice services in Healesville and surrounding area. AH 1.3 Collaboration with Lakes Boulevard Medical and Northern Hospital to promote alternative pathways
	to the ED for the community.
Indigenous Specific	No.

AH 1.1	Develop and commission innovative AH solutions
	18 months
Diagnostics and solution design	September – March 2018
Procurement of Activities	March – April 2018
Contract execution	May 2018
Service Delivery	June 2018-May 2019
	12 months
Delivery of service	July –June 2018
Evaluation	May –June 2018
Evaluation Execution 2018/19 Contract	May –June 2018 June 2018

	AH 1.3	Northern Area After Hours Access Project 12 months
	Delivery of service	July –June 2018
	Evaluation	May –June 2018
	Expansion/extension of service	June 2018
	Service Delivery	June 2018-May 2019
Coverage	Whole of catchment	
Commissioning method and approach to market (if relevant)	 AH 1.1 Request for Tender: A clear brief will be developed, an open tender process to enact the proposed solutions will be undertaken and performance metrics will be built into contracts. Evaluation findings will be reviewed and reported. AH 1.2: Direct engagement AH 1.3: Contract variation 	
Decommissioning	Box Hill After Hours General Practice Service	

Proposed Activities – After Hours Primary Health Care 2016-17	
Activity Title / Reference (eg. NP 1)	AH 2.0 A resident centered approach to after-hours healthcare in RACFs
Existing, Modified, or New Activity	Modified activity (2016/18 Activity Work) Incorporating: Increase aged care facility residents' access to GPs and other primary health care services in the after hours period.

Needs Assessment Priority Area (eg. 1, 2, 3)	Work in partnership with after-hours service providers providing services to residential care to enhance their capacity to provide afterhours services to residential aged care
Description of Activity	 AH 2.1 Continuation of the After Hours Visiting GP Service for residents living in RACFs in the outer east. EMPHN conducted a comprehensive evaluation of the Visiting GP service and results indicated that the service continued to improve access for residents living in RACFS and significantly reduced afterhours admissions to Emergency Departments. 'Doctor Doctor' currently provides this service until December 31, 2017. A request for tender process will be conducted for service provision in 2018. AH 2.2. EMPHN design and fund a demonstration project/s to build person-centred care in Residential Aged Care Facilities (RACF) involving residents, families, RACF staff and practitioners During 2017/18 Stage 2 Residential In Reach Education Project will be implemented following the execution of the contract in June 2017. This collaborative project with Northern, Eastern and Austin Hospital Networks has already demonstrated a significant reduction in RACFs referring clients to ED in Stage 1. Following the completion of the training modules, EMPHN will evaluate further and conduct scoping to determine future commissioning of the service as well as opportunities to expand on this collaboration. As part of scoping for this activity a working group will be established with additional representation from RACFs, Ambulance Victoria, RDNS and other organisations to discuss current systems impacting RACFs including admission and discharge processes and provide recommendations to procure solutions. Funding for this activity will be utilised to procure solutions recommended by the working party.
Target population cohort	AH 2.1: Visiting GP Service: Residential Aged Care Facilities and clients in the outer east.AH 2.2: RACF staff, RIR staff and clients residing in RACFs within the EMPHN catchment
Consultation	 AH 2.1: Consultation with RACFs currently participating in the Visiting GP Service, GPs in the Yarra Valley and Upper Yarra corridor and MDS AH 2.2: Consultation with LHNs to obtain admission data from RACFs and evaluation from educational sessions. Consultation with RACFs, AV, GPS, LHNs as part of working group.

Collaboration	 AH 2.1: Work with MDS, RACFs and local GPs to ensure AH coverage for outlying RACFs. AH 2.2: Collaborate with LHNS, AV and RACFS to implement training and future projects around system redesign. 	
Indigenous Specific	No	
Duration	AH 2.1	Visiting GP Service (contract ends Dec 31, 2017) 12 months
	Service delivery (RFT)	January 2018–June 2019
	AH 2.2	Evaluate RIR Project and RACF Working Group
	Evaluate and establish working group	February 2018 – March 2018
	Procurement of activities	June 2018
	Service delivery	June 2018-May 2019
Coverage	AH 2.2: Visiting GP – Yarra Ranges AH 2.2: RIR and RACF Working Group – Whole	e of catchment
Commissioning method (if relevant) and approach to market	 AH 2.2: Visiting GP Service- Doctor Doctor (MDS) currently provide this service and their contract has been extended until 31 December, 2017. A Request for Tender process will be conducted to commission services past this date. AH 2.3: RACF educational sessions will be evaluated. An RFT process to procure services will be conducted following recommendations provided by working party 	
Decommissioning	Not applicable.	

(a) Strategic Vision for After Hours Funding

2017/18 After Hours Activity Workplan

In May 2017, EMPHN commissioned a consultant to conduct a rapid review of after hours primary health care access issues across the catchment and subsequently identify the top 5 after hours primary health care issues. Findings and recommendations from this review have been incorporated in the activity work plan.

EMPHN will use a large proportion of 2017/18 funding to procure after hours solutions as part of activity 1.0 : fund and facilitate the co-design of innovative after hours healthcare programs that are underpinned by cross –sectoral and inter-professional arrangements. It is intended that this activity remain broad to allow for comprehensive scoping of activities and that adequate funding is assigned to this activity to ensure services commissioned have a greater impact on addressing after hours gaps across the catchment.

Proposed Activities – After Hours Primary Health Care 2016-17		
Activity Title / Reference (eg. NP 1)	3.0 Change Communities attitudes and behaviours in the way people understand and use after hours healthcare services.	
Existing, Modified, or New Activity	Modified activity (2016/18 Activity Work Plan)	
	Incorporating: Increased community awareness of after hour services and options	
Needs Assessment Priority Area (eg. 1, 2, 3)	Improving experience and health outcomes –keeping people well	
	AH 3.1 Identify and implement a range of community based strategies to investigate and better understand the attitudes that drive community's behavioural choices in seeking after hours health and build a community awareness campaign based on these results.	
	Strategies will be informed by demographic and service utilisation data and outcomes of similar programs in other catchments and more broadly with specific population cohorts including:	
Description of Activity	 CALD/Refugee Indigenous Disability Mental Health AOD Young People General Community 	
Target population cohort	 General community CALD/Refugee Indigenous Disability Mental Health AOD Young People 	

Consultation	• Consultation conducted with general practices, CALD /Refugee organisations, mental health organisations and internal staff (AOD /Mental Health Managers), MDS, Disability sector and community as part of the Diagnostics and Prioritisation project.	
Collaboration	 Collaborate with CALD/Refugee services and Youth services NHSD - Health Direct and General Practice Collaborate with Victorian Department of Health and Human Services to ensure consistent messaging with any campaigns University regarding research on community behaviours/awareness 	
Indigenous Specific	Yes	
Duration	AH 3.1 Scoping and problem definition Procurement of solutions	Identify and implement a range of community based strategies to investigate and better understand the attitudes that drive community's behavioural choices in seeking after hours health and build campaign from results.12 monthsJanuary- March 2018April 2018
Coverage	Whole of catchment	
Commissioning method (if relevant) and approach to market	For this activity, EMPHN will engage directly with relevant organisations to implement a range of community based strategies. An RFQ process will be utilised to appoint a provider to develop and produce relevant materials.	

Decommissioning	Not applicable.

Activity Title / Reference (eg. NP 1)	AH 4 Commissioning organisations to provide primary mental healthcare services in the after-hours		
	to increase accessibility to services and reduce potentially avoidable hospital ED Presentations.		
Existing, Modified, or New Activity	Modified activity (2016-18 Activity Work Plan)		
	Incorporating: increasing access to mental health services in the after-hours period		
	Possible Option 38. (page 90) Implement hot spot service solutions to address after hours service shortfalls.		
Needs Assessment Priority Area (eg. 1, 2, 3)	Addresses Identified Need "Service accessibility – mental health services in the after hours period" page 77.		
	 AH 4.1 Services procured will improve the community based service system response for residents experiencing mental health issues in the after hours and will include expansion of the following services (but not limited to): After Hours Mental Healthcare for young people 		
Description of Activity	The After Hours Mental HealthCare for Young People The After Hours Mental HealthCare for Young People project seeks to build the capacity of young people and their families to better manage emerging mental health issues. EACH Is the Lead organisation in collaboration with Knox, Greensborough and Hawthorn Headspace and includes delivering the Tuning into Teens and SAFE Minds program and providing family intervention sessions where required. A range of after hours resources will also be produced as part of this project. This project has been funded within the 2016/17 budget and therefore funding for this activity will be used to evaluate the service including expansion/extension of the project.		
	The Northern Mental Health: Family Intervention Support Trial		
	The aim of the project is to improve the mental health and wellbeing and quality of life of a group of frequent service users and their families/carers by enhancing the coping capacity of		

	 families in 'situational crises', particularly in the after hours resulting in a reduction in the need for crisis mental health care. Objectives of the project include: Identifying families that are likely to benefit from family intervention and connection to services Providing services to at least 56 identified families (1-2 sessions) in 12 months Increasing access to mental health family interventions for people who frequently experience situational crisis. Building the capacity of families to support family members who frequently experience situational crisis in the after hours. Reducing carer burden by providing timely intervention and linkages to external services. Reducing after hours demand on Northern Hospital Emergency Department and North Western Area Mental Health Service Psychiatric Triage. This project has been funded within the 2016/17 budget and therefore funding for this activity will be used to evaluate the service including expansion to additional areas of the catchment where required. Commissioned services will have specific outcomes and incorporate measurables to determine effectiveness and are intended to supplement services as part of mental health reform.
Target population cohort	Young people across the EMPHN catchment Families residing in the Northern area of the EMPHN with possibility of expansion to other catchments Patients consulting GPs with Mental Health Conditions
Consultation	Consultation with internal Mental Health Team. Consultation with the 3 headspace services in the catchment Consultation with GPs and MDS Consult with Northern Area Mental Health.

Collaboration	Collaborate with GPs, key mental health agencies (such as headspace), EMPHN's mental health service providers (psychologists, social workers, mental health nurses) and community health services. Collaborate with internal Mental Health Team to provide clinical guidance and oversight and Service Improvement Team to provide links into Health Pathways. Collaborate with Northern Health to complete evaluation of the service including recommendations for future extension/expansion of the service.
Indigenous Specific	Is this activity targeted to, or predominantly supporting, Aboriginal and Torres Strait Islander people? NO.
Duration	AH 4.1 Commissioning organisations to provide primary mental healthcare services in the after hours to increase accessibility to services and reduce potentially avoidable hospital ED Presentations Implementation of current service: July –June 2018 After Hours Mental Healthcare Northern Mental Health Young People Scoping new service models November 2017-February 2018 RFT to procure services April 2018
Coverage	4.1 EMPHN wide

	Request for Tender: A clear brief will be developed, an open tender process to enact the proposed
Commissioning method (if relevant) and	solutions will be undertaken and performance metrics will be built into contracts for new services. For
approach to market	current services, evaluation findings will be reviewed and recommendations made regarding
	extension/expansion of services and contracts will be varied where appropriate.
Decommissioning	Not applicable.

3. (c) Activities submitted in the 2016-18 AWP which will no longer be delivered for After Hours Funding

Please use the table below to outline any activities included in the May 2016 version of your AWP which are no longer planned for implementation in in 2017-18.

Planned activities which will no longer be delivered		
Activity Title / Reference (eg. NP 1/OP 1)	Part of AH 1.1	
Description of Activity	Subsidisation of Box Hill After Hours GP Clinic (AHGGP)	
Reason for removing activity	The After Hours funding through EMPHN is designed to target patients with limited access to health services. AHGPC operates in a geographical area of Melbourne which is well serviced by after hours general practices, as well as being located close to Box Hill hospital. The community has access to a number of Medical Deputing Services unlike some areas of the catchment where MDS is not available. It is proposed that EMPHN funding be diverted to initiatives in areas of greater need. These areas have	
	been identified via a community needs analysis, and scoping has been completed to determine appropriate services to commission.	

	The non-continuation of subsidy provided by EMPHN may affect the service delivery model of this
	organisation and impact clinics that have formed a cooperative arrangement with the after hours
Funding impact	practice. However, many of the clinics who have formed a cooperative arrangement with the AHGPC
	are located a significant distance from the clinic, up to 20km away, therefore likely to have little impact
	on patient access to after hours services.

FOR MORE INFORMATION

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