

EIS Health Limited trading as Central and Eastern Sydney PHN  
ABN: 68 603 815 818

**CESPHN INTERNAL INFORMATION ONLY**

<b>Contract Name</b>	GP+ Program
<b>Service Providers</b>	The Party:

## Memorandum of Agreement

This Agreement is made on the date stated in **Item 1** of the Schedule.

### Between

**EIS Health Limited (“CESPHN”)** of Level 5, 201 Coward St Mascot NSW 2020

### And

The **[Enter Party Name]** (“**The Party**”) described in **Item 2** of the Schedule.

#### 1. Recitals

- a. The relationship of The Parties is one of co-operation and is not intended to imply any arrangement of partnership, or other legally binding relationship other than that explicitly stated in this agreement.
- b. This agreement does not imply any other relationship in respect of employer and employee, principal and agent, or contractors between the party other than that explicitly stated in this agreement.
- c. **“The Program”**.  
This MOA sets out the agreement between the Party and CESPHN for the Party to participate in the GP+ Program.

GP+ offers an innovative approach to multidisciplinary team-based care in the primary care setting. The program is funded by the Department of Health and Aged Care and aims to support smaller general practices connect with local allied health clinicians, improve health outcomes, enhance patient experiences and reduce avoidable hospitalisations. The program targets patients with chronic diseases and supports vulnerable populations who are unable to afford private allied health fee paying or co-payment services.

CESPHN will deliver the GP+ Program through the commissioning of providers that will provide the following allied health services within participating general practices:

- A non-dispensing pharmacist to support the management of chronic diseases and complex health conditions, through medication management, medication reviews and quality improvement activities
- A social worker to support patients with chronic diseases to access psychosocial support and assist with navigation of health and social systems when required (e.g. MyMedicare, Centrelink, My Aged Care)

General practices participating in the GP+ Program will host the pharmacist and social worker onsite at their general practice. The pharmacist and social worker will be a shared resource across participating general practices in the St George region. The work of each within the practice will be on a part time basis (approximately 1-2 days per week). General practices are encouraged to host both the pharmacist and social worker at their practice, however preference for one service can be accommodated.

- d. The eligibility criteria for the GP+ program are as follows: The Party is required,
  - To be located within the St George Region
  - To be a solo or smaller (2-4 GPs) general practice
  - Have a spare consulting room available for co-location of commissioned staff up to two days a week (days to be negotiated)

- Have capacity to establish processes for confidential information sharing to ensure social worker and/or pharmacist can conduct comprehensive assessments for patients
- Have POLAR or PEN CS extraction tool, or willingness to install (through CESP HN)
- Facilitate onboarding of pharmacist and/or social worker with practice policies, processes and procedures
- Have capacity to collect data and meet reporting requirements
- Willingness to collaborate with social worker and/or pharmacist prior to commencement of the service to determine scope of practice and establish systems required for successful implementation of the program.
- Have capacity to establish and implement methods of communication, referral pathways and workflow plans
- Have capacity to meet the program objectives and outcomes through the referral of eligible patients to the social worker and/or pharmacist
- Nominate lead GP (GP champion) at general practice prior to commencement of service to guide the practice in program participation

e. The referral criteria for patients to access the GP+ Program is as follows:

To be referred into the GP+ Program, patients must have a current diagnosis of a chronic health condition including:

- Diabetes
- Cardiovascular disease
- Arthritis
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Cancer
- Mental health conditions

And;

- To access the social worker, the patient should require psychosocial support or be experiencing difficulty with system navigation and accessing support services.
- To access the pharmacist, the patient should benefit from support to better manage their chronic condition. The support that a pharmacist could provide includes medication reviews (compliance, dosage, appropriateness, contraindications), discharge reviews, education, early intervention strategies or health screening.

Priority will be given to eligible patients from a priority population group and/or those with financial disadvantage who may be unable to afford private allied health fee paying or co-payment services. Priority population groups include those at risk of, or experiencing homelessness, those with low-socioeconomic status, First Nations communities, older people, LGBTIQ+ communities, multicultural communities, refugees, as well as migrants and asylum seekers.

Patients should not already be receiving similar psychosocial supports through a state or territory government or the NDIS, where there is potential for duplication of service offerings.

**It is Agreed as follows:**

## **2. CESP HN's Obligations and Funding**

2.1 CESP HN will:

- (a) Fund the Program. The funding will be used by the Party to deliver the GP+ Program outlined in **Annexure 1**. This includes facilitating and participating in multidisciplinary

team-based care with the pharmacist and social worker; completing program activities; and meeting reporting and evaluation requirements.

- (b) Pay the Party on issuance of a tax invoice per Clause 3.4. This remuneration as outlined in **Item 3** of the Schedule consists of an initial payment, followed by two annual instalments, payable to the Party and is a fixed sum for the duration of the agreement and will be paid according to **Item 4 - Table 1 Deliverables and Timelines and Payment of Remuneration**.

- 2.2 The funds must be utilised and spent from the date of signing this agreement until June 2027.
- 2.3 CESP HN will review this agreement in three (3) months after the Commencement Date stated in **Item 5** of the Schedule to determine how the Program delivery is progressing as agreed under this agreement.
- 2.4 Funding cannot be used in combination with other government payments, e.g. co-payment for an MBS item.
- 2.5 To assist the Party to achieve the program deliverables, CESP HN will be responsible for the following:
- 2.5.1 Commissioning the social worker and/or pharmacist to work within the general practice
  - 2.5.2 Facilitating the establishment of the program within the general practice in partnership with GPs and commissioned social worker and/or pharmacist
  - 2.5.3 Installation and training of data extraction software (POLAR or PEN CS), if not already available
  - 2.5.4 Supporting general practices and commissioned allied health clinicians to participate in the program
  - 2.5.5 Conducting evaluation of the project, including the provision of feedback surveys and reporting templates which will be submitted as per **Item 4** of the Schedule.
  - 2.5.6 Provision of financial incentive to general practices as per **Item 3** of the Schedule.

### 3. The Party's Obligations

- 3.1. The Party will deliver the following:
- 3.1.1. Participate in all aspects of the program service model as listed in **Annexure 1**.
  - 3.1.2. Complete order form for GP+ Program in **Annexure 2**. The Party will list practice details including practice name, address, name of lead GP, number of consulting rooms and availability, medical software used, data extraction tools present, staff profile and bank details of general practice
  - 3.1.3. Ensure all GPs in the practice complete the baseline and feedback surveys to reflect on their experience as required in **Item 4 - Table 1 Deliverables and Timelines and Payment of Remuneration**.
  - 3.1.4. Submit the reporting template in **Annexure 3** to report on the barriers, enablers, risks and benefits of participating in the GP+ Program, as well as the de-identified data outlined in Clause 3.1.5.
  - 3.1.5. Agree to provide the following de-identified data:
    - Number of patients referred to social worker
    - Number of patients referred to pharmacist
    - Number of patients on waiting list to see either social worker or pharmacist
    - Number of multidisciplinary team discussions and format

3.2. The Party will also be required to:

- 3.2.1. Work in partnership with CESP HN to ensure the service is effectively integrated into the practice.
- 3.2.2. Provide a spare room for social worker and/or pharmacist to work on a part-time basis
- 3.2.3. Refer suitable patients to social worker and/or pharmacist if they meet referral criteria
- 3.2.4. Participate in multidisciplinary team care meetings and collaborate with social worker and/or pharmacist
- 3.2.5. Nominate a lead general practitioner to act as a GP champion for the program, to educate and promote use of team-based care within the practice
- 3.2.6. Ensure outcomes and output in accordance with the agreement, and that terms and conditions are met
- 3.2.7. Maintain contact with CESP HN and advise of any emerging issues that may impact on the success of the activities
- 3.2.8. Identify, document and manage risks and putting in place appropriate mitigation strategies
- 3.2.9. Comply with legislation, regulations, industry codes and standards relevant to the organisation in particular Privacy Act 1988 (Cth) (Privacy Act), Australian Privacy Principles 2019; the Health Records and Information Privacy Act 2002 (NSW) (HRIP Act), Health Privacy Principles 2021; the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth).
- 3.2.10. The party must obtain informed consent from the patient for participation in the GP+ Program. This consent must cover all aspects of service delivery and the use of both identified and de-identified personal information, ensuring the patient is fully aware and agrees to how their information will be used throughout the term of the agreement.
- 3.2.11. The Party agrees to assist in providing the following de-identified data for patients that are referred into the GP+ Program to see the pharmacist or social worker **(These data sets will be collected and reported to CESP HN by the social worker and pharmacist with informed consent from the patient):**
  - Number of occasions of service and modality
  - Reasons for referral
  - Chronic condition of patient
  - Patient demographics (age, gender, priority population group if applicable)
  - Patient reported outcome measures and patient reported experience measures (PROMs and PREMs)
- 3.2.12. The Party agrees to comply with all relevant legislations, regulations, codes of practice, standards applicable to the profession of general practitioner practice and medical practitioner and organisational policies and procedures implemented from time to time.

3.3. Notwithstanding the obligations on the Party set out in substantive clauses 8 Confidentiality and 9 Intellectual Property, the Party must:

- 3.3.1. Only collect and use data for the purposes of:
  - Carrying out the activities outlined in this agreement
  - Complying with requirements under this agreement
  - Any other purpose contemplated by this agreement and agreed between the Party and CESP HN
- 3.3.2. Maintain the security, integrity and confidentiality of data, including ensuring that any employees, contractors, or consultants who create, access or handle data comply with [confidentiality clause] and [privacy legislation] to prevent any misuse, unauthorised access or disclosure of the data.
- 3.3.3. Collect data of high quality (i.e. complete, accurate, timely, consistent)

- 3.3.4. Seek and record informed consent from clients to collect their personal information
- 3.3.5. Seek and record informed consent from clients for CESPHN to use their deidentified information for the purposes specified in [service evaluation activities outlined in this agreement]
- 3.3.6. Not release or publish data owned by CESPHN to any third party without the prior written approval of CESPHN.

3.4. The Party will issue a valid tax invoice to CESPHN detailing the following:

Party Entity Name:  
 ABN:  
 Address:  
 Contact:  
 Email:  
 Invoice Amount:  
 Invoice Number:  
 Details of spend:  
 Invoice Date:  
 GST Amount:

3.5. For the avoidance of doubt,

- 3.5.1. The Party agrees to refund any monies on occurrence of any of the following event:
  - a) The Party is unable to complete the deliverables as per **Item 4** of the Schedule and the agreement is terminated.
  - b) The Party cancelling the order form and terminating this agreement.
- 3.5.2. CESPHN will not be required to pay any Funding to the Party if the relevant grant (or part thereof) from the Commonwealth is withdrawn, cancelled, reduced or otherwise not received by CESPHN, or if the Commonwealth Funding Agreement is terminated. CESPHN will immediately notify the Party of any such occurrence and the parties will negotiate in good faith the reduction of the deliverable as per **Item 4** of the Schedule or termination of this Agreement according to Clause 7 Termination.
- 3.5.3. The funds paid must be utilised during the term of this agreement unless an extension of time is agreed with CESPHN in accordance with Clause 6.

3.6 The Party is responsible for agents or contractors, subcontractors employed or engaged to carryout services under this agreement and agrees to cover agents or contractors and subcontractor's acts, omissions, loss or damages to property, assets in the general practice of the Party. The Party will remain responsible for any subcontracting work under this agreement.

## 4 Term

CESPHN and the Party (The Parties) agree to the following terms in relation to Term:

4.1 Term between the Party and CESPHN:

This agreement shall commence on the Commencement Date stated in **Item 5** of the Schedule and is for a duration of **twenty eight (28) months** (to be reviewed when negotiating the agreement with the general practice). unless terminated earlier in accordance with Clause 7 in this agreement or extended under Clause 6. The expected completion date is by the End Date as per **Item 6** of the Schedule.

4.1.1 This Agreement can be extended by CESPHN and the Party and any extension will be for a period of three [3] months from the End Date and a request

for extension will be applied per Clause 6. The Party and CESP HN will complete and sign an extension of time form.

## 5 Remuneration

5.1 The Party must submit to CESP HN an Invoice in respect to the deliverables completed as per **Item 4** of the Schedule:

- a. as soon as practicable after the completion of the relevant deliverable; or
- b. as otherwise agreed to by the parties.

5.2 Subject to Clause 5.3, CESP HN must pay the amount of the Invoice within 30 days of receipt, into the bank account nominated by the Party for that purpose.

5.3 If CESP HN disputes the Invoice issued by the Party, then:

- a. CESP HN must serve notice on the Party setting out the nature of the dispute and the amount which CESP HN asserts should be the amount of the relevant invoice;
- b. If the Party has not replied to CESP HN's notice within 5 business days of the date on which the notice is issued, then the Party is deemed to have accepted the variation of the amount owed to it and must issue a further invoice to CESP HN for the varied amount;
- c. If the Party does not accept the amount nominated by CESP HN in the notice served by CESP HN pursuant to Clause 5.3, then the Party must, within 5 business days of issue of CESP HN's notice of dispute, inform CESP HN that a meeting is to be convened between a representative of CESP HN and the Nominated Person of the Party within a further period of 7 business days to discuss and, if possible, resolve the dispute; and
- d. If the dispute is not resolved at the meeting between CESP HN and the Party, then the dispute must be referred to an expert nominated by the President of the Institute of Arbitrators and Mediators who must determine the dispute as an expert, who must make a determination as to which party is required to pay the costs of the expert determination and whose decision will be final and binding on CESP HN and the Party.

## 6 Extension of Time

6.1 The Party can seek an extension of time to deliver the agreed deliverables set out in **Item 6** of the Schedule and any extension must be in writing given to CESP HN prior to the end of this contract and this notice is to be issued one [1] month in advance. The extension of time shall include date of deliverables in **Item 4** of the Schedule-**Table 1**, and

6.2 For the avoidance of doubt, the extension of time does not include a request to increase the funding under this agreement.

## 7. Termination

7.1 Each party may terminate this Agreement in writing by giving five (5) business days' notice to the other on occurring of the following:

- a. If the party elects to cease the agreement without any cause and reason (no fault event).

- b. If the party defaults in the performance of any written material term of this Agreement where the party fails to remedy such default within seven (7) days of notice specifying the failure and requiring it to be remedied.

7.2 CESP HN may terminate this Agreement immediately by notice to the Party and the Party if:

- a. the Commonwealth Funding Agreement is terminated or reduced in scope by the Commonwealth or the Commonwealth otherwise withdraws or reduces the relevant grant; or
- b. CESP HN is satisfied on reasonable grounds that the Party or the Party is unable or unwilling to satisfy the terms of this Agreement.

7.3 CESP HN may terminate this Agreement by written notice if an insolvency event occurs in relation to the Party:

- a. The party ceases to, or is unable to, pay its creditors (or any class of them) in the ordinary course of business, or announces its intention to do so;
- b. A Receiver, Receiver and Manager, Administrator, Liquidator, Trustee in Bankruptcy, or similar officer is appointed to take over and manage the Party assets;
- c. The party enters, or resolves to enter, a scheme of the arrangement, compromise, or composition with any class of creditors;
- d. A resolution is passed, or an application to a Court is taken for the winding up, dissolution, official management, or administration of the Party; or
- e. Anything having a substantial or similar effect to any of the events specified above happens under the law applicable to this Agreement.

7.4 Subject to Clause 7 any payment made by CESP HN pursuant to Clause 2 shall be reimbursed by the Party on issuance of a credit note. CESP HN will provide a written notice in relation to any repayment/refund under this Clause.

## 8. Confidentiality

- 8.1 Parties to this agreement undertake to observe all privacy requirements when engaging in activities under this Agreement in accordance with the Privacy Act 1988 (Cth) (Privacy Act), Australian Privacy Principles 2019; the Health Records and Information Privacy Act 2002 (NSW) (HRIP Act), Health Privacy Principles 2021; the Privacy and Personal Information Act 1998 (NSW) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth). The terms "personal information" and "health information" have the same meaning as is given to them in the Privacy Act and the HRIP Act.
- 8.2 The Party undertakes to inform CESP HN immediately on becoming aware that any breach of privacy or security relating to information under its control has occurred.
- 8.3 Notwithstanding any other Clause in this Agreement, the Party expressly consents to the disclosure of its identity to the Commonwealth Department of Health with such consent extending to allowing the Commonwealth to publish information about the



provider, including its identity and the existence and nature of the services under this Agreement.

8.4 The Party must:

- a. ensure that all Confidential Information is kept confidential and is not copied, published, disclosed or discussed with any person other than its Personnel who have a need to know and its authorised representatives;
- b. not use any Confidential Information except as required for the purpose of this Agreement and providing the Services;
- c. not disclose any Confidential Information except as required by law;
- d. if required by CESP HN ensure the Party's personnel enter into a deed of confidentiality with CESP HN in a form prescribed by CESP HN.

In this agreement, the meaning of the words Confidential Information, and Personnel means as follows:

**Confidential Information** means services information obtained, divulged, used by the Party and reportable in the forms outlined in this agreement. This includes any information stored online on medical software, POLAR, PEN CS, any other system the party uses, and paper based client files retained in hardcopies.

**Personnel** means contractors, subcontractors, consultants, suppliers, employees, agents and other persons engaged by the Contractor.

## 9. Intellectual Property Rights

9.1. Each party acknowledges that the ownership of and all rights in relation to Intellectual Property of either party or any third party that pre-exist this Agreement are and remain the property of that party and that there is no change to any right, title or interest in such Intellectual Property by virtue of this Agreement.

9.2. The ownership of any Intellectual Property in the Activity Materials and Materials shared, produced as a result of this Agreement vests solely in the CESP HN on its creation.

a. **Activity Material** means, in respect of the Program, any Material (including any Intellectual Property rights in that Material):

- i. created for the purpose of the Program including the materials outlining the Program in this agreement (other than Intellectual Property Rights of third parties);
- ii. provided, or required to be provided, to CESP HN in respect of the Program (including Material that is required by **Item 4** of the Schedule and the attachments in the Schedule to be provided to CESP HN in respect of the Program); or
- iii. derived at any time from the Material referred to in paragraphs (i) or (ii) of this definition;

b. **Material** means all CESP HN Program materials in this agreement, CESP HN training materials (Film, Webinar), documents, discussion papers, sketches, research reports, survey results, diagrams, and other

material prepared by CESP HN during this agreement excluding any materials created by the Party, including any internal business operational policies, procedures, guidelines, or manuals for their organisation use.

Intellectual Property Rights means all industrial and intellectual property rights both in Australia and throughout the world, whether registered or not and whether now or devised in the future, and for the duration of the rights including any:

- i. Patents, copyright, registered or unregistered marks or service marks, trademarks, trade names, brand names, indications of source, or appellation of origin, registered designs and commercial names and designations, circuit layouts and database rights;
- ii. Ideas, processes, inventions, discoveries, trade secrets, know-how, computer software (both source code and object code), confidential information and scientific, technical and product information; and
- iii. Right to apply for or renew the registration of any rights.

## 10. Insurances

10.1 The Party must maintain at its own cost insurance policies with a reputable insurer to cover such risks and amounts as set out below and as per **Item 7** of the Schedule or as nominated by CESP HN from time to time and any and all liability of the Party respectively to CESP HN pursuant to this Agreement:

- i. General Public and Products Liability insurance covering legal liability to pay for personal injury and property damage arising out of or in connection with the performance of the services by the Party under this Agreement, with a limit of cover not less than the amount stated in **Item 7** of the Schedule;
- ii. Workers Compensation insurance in accordance with the requirements of, and for an amount of not less than the maximum amount specified in, relevant laws in respect of the Party's liability for any loss or claim by any person employed or otherwise engaged by it in or about the performance of the Services;
- iii. Medical Malpractice Insurance and Professional Indemnity insurance covering liability for any act, error or omission arising out of or in connection with the professional business practice of the Party with a minimum of coverage of the amount stated in **Item 7** of the Schedule;
- iv. Such other insurances necessary to cover the Party's obligations and risk in relation to the services, including adequate insurance to cover volunteers as per organisation requirement.

10.1 Entity insurances must cover all locations stated in the Agreement.

- 10.2 The Party must retain the insurances during the term of this agreement and upon request from CESP HN furnish a current certificate of insurance per Clause 10.1 (i, ii, iii, and iv).
- 10.3 The Party must maintain the insurance cover set out in Clause (10.1.) for a period of 7 years after termination of this Agreement in relation to insurance policies which are on a "claims made" basis.
- 10.4 CESP HN acknowledge the NSW Government's Treasury Managed Fund arrangements as sufficient for compliance with the insurance obligations of this Agreement.

## **11. Variation and waiver**

- 11.5 Unless this Agreement expressly states otherwise, this Agreement may only be amended in writing signed by all the parties.
- 11.6 A provision of this Agreement may only be waived in writing signed by the person who has the benefit of the provision and who is therefore to be bound by the waiver.
- 11.7 A waiver by one party under any Clause of this Agreement does not prejudice its rights in respect of any subsequent breach of this Agreement by the other party.
- 11.8 A party does not waive its right under this Agreement because it grants an extension or forbearance to the other party.

## **12. Relationship between the Parties**

- 12.1 The Party's relationship with CESP HN is that of an independent contractor.
- 12.2 Neither the Party nor CESP HN shall have and shall not represent that it has any power, right or authority to bind the other, or to assume or create any obligation or responsibility, whether express or implied, on behalf of the other or in the other's name.
- 12.3 Nothing in this Agreement shall be construed as constituting the Party and CESP HN as partners, or as creating the relationship of employer and employee, master and servant or principal and agent between the parties.

## **13. Service of notice**

Unless this Agreement expressly states otherwise, any notice:

- a. must be in writing, directed for the attention of the relevant party; and
- b. must be:
  - i. delivered;
  - ii. sent by pre-paid mail;
  - iii. emailed;

to the recipient's address, email address set out in this Agreement – Schedule **-Item I**, or to the address, email address last notified by the recipient in writing.

## **14. Receipt of notice**

A notice given in accordance with Clause 13 is treated as having been received:

- a. if delivered before 5:00pm (in the place it was delivered to) on a business day, on that day, otherwise on the next business day;
- b. if sent by mail, on the third business day (in the place it was sent from) after posting;
- c. if sent by email when the email is relayed by outlook; and

and the notice takes effect from the time it is received (or treated as received) unless a later time is specified in it.

## 15. Governing law and jurisdiction

15.1 This Agreement and the transactions contemplated by this Agreement are governed by the law enforced by New South Wales.

15.2 Each of the parties irrevocably submits to the jurisdiction of the Courts of New South Wales and all Courts called to hear appeals from the Courts of New South Wales in respect of this Agreement or its subject matter.

### Executed as an Agreement

#### Signed for and on the behalf of EIS Health Limited

ABN 68 603 815 818 by its authorised representative:

\_\_\_\_\_  
Signature of Authorised Officer

\_\_\_\_\_  
Name of Authorised Officer (please print)

\_\_\_\_\_  
Position Held

#### Signed for and on the behalf of The Party (ABN XXX)

by its authorised representative:

\_\_\_\_\_  
Signature of Authorised Officer

\_\_\_\_\_  
Name of Authorised Officer (please print)

\_\_\_\_\_  
Position Held



3. Year 1: 6 month progress report	Submit progress report as per annexure 3.	The Party		Enter Date
4. Year 1:12 month progress report and short annual feedback survey	Submit progress report as per annexure 3 and issue an invoice for annual payment to CESP HN as per clause 3.4  All GPs at the practice complete a short annual feedback survey.	The Party	\$2,000	Enter Date
5. Year 2: 6 month progress report	Submit progress report as per annexure 3.	The Party		Enter Date
6. Year 2: final report and final feedback survey	Submit progress report as per annexure 3 and issue an invoice for annual payment to CESP HN as per clause 3.4.  All GPs at the practice complete a short annual feedback survey.	The Party	\$2,000	Enter Date

**Item 5**            **Commencement Date:**

**Item 6**            **End Date:**                    (unless extended per Clause 6 by the Party)

**Item 7**            **Insurances**

Public Liability -            \$20 million  
Professional Indemnity- \$5 million  
Cyber liability insurance- to be assessed by the Party insurance company  
Medical Malpractice Insurance - \$20 million

Other than cyber liability, all other insurances stated above must be evidenced through the provision of a valid and current certificate of currency which notes the interest of CESP HN, if requested by CESP HN. The values stated above are required to be the value of a single incidence. It is preferred that there is no limit to the aggregate value of claims on the policy, but if there is a reference to a capped aggregate value, it must be at least double the value of the single incidence requirement listed above.

Workers Compensation - (as per legislative requirements)

**Item I: Notices**

I.1 CESP HN's Contact details for legal notices:

<b>Name</b>	Nathalie Hansen
<b>Position</b>	Chief Executive Officer
<b>Phone</b>	1300 986 991
<b>Email</b>	<a href="mailto:n.hansen@cesphn.com.au">n.hansen@cesphn.com.au</a>
<b>Postal Address</b>	Tower A, Level 5, 201 Coward St, Mascot NSW 2020

I.2 The Party's contact details and address for legal notices:

<b>Name</b>	
<b>Position</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Postal Address</b>	

I.3 CESP HN's contact details for operational, services and contract management queries:

<b>Name</b>	
<b>Position</b>	
<b>Phone</b>	
<b>Email</b>	

I.4 The Party's contact details and address for operational, services and contract management queries (Nominated Person):

<b>Name</b>	
<b>Position</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Postal Address</b>	

I.5 CESP HN's contact details for invoicing purposes:

<b>Entity Name</b>	EIS Health Limited
<b>ABN</b>	68 603 815 818
<b>Email</b>	"upload via Folio"

I.6 Provider contact details for Folio checklists (Nominated Person):

<b>Name</b>	
<b>Position</b>	
<b>Phone</b>	
<b>Email</b>	

# Annexure 1

## GP+ Program – Service Model

The model for the GP+ Program is as follows:

<b>Activities</b>	<p><b>Social Worker</b> All activities undertaken by the social worker will be in line with the Australian Association of Social Work (AASW) Social Worker Scope of Practice in Health. Activities that are in-scope may vary between general practices that the social worker will attend.</p> <p>Social workers may conduct the following activities:</p> <ul style="list-style-type: none"> <li>• Support general practices to manage patients who require additional support with navigating services (including but not limited to My Health Record, My Medicare, My Aged Care, Centrelink, housing and social services)</li> <li>• Conduct psychosocial assessments</li> <li>• Deliver basic counselling support</li> <li>• Link patients with chronic diseases to relevant services to improve management of their condition</li> <li>• Assist with basic socio-legal issues</li> <li>• Provide comprehensive health care planning and case support for chronic health conditions</li> <li>• Data collection including patient reported outcome measures (PROMs) and patient reported experience measured (PREMs).</li> </ul> <p><b>Pharmacist</b> Pharmacists may conduct the following activities:</p> <ul style="list-style-type: none"> <li>• Conduct medicine reviews and discharge reviews</li> <li>• Undertake medicine reconciliation</li> <li>• Participate in case conferences, working collaboratively in the patient care team</li> <li>• Clinical assessment of blood pressure, BMI, finger prick testing, blood glucose testing</li> <li>• Develop and implement quality improvement activities</li> <li>• Patient education through medicine reviews and educational consultations</li> <li>• Assist patients with MHR, mobile health apps</li> <li>• Initiate early intervention strategies for health conditions, coordinating screening and management with GPs</li> <li>• Data collection including patient reported outcome measures (PROMs) and patient reported experience measured (PREMs)</li> </ul> <p>The social worker and pharmacist will both act as independent services within the general practice, working in collaboration with GPs and other general practice staff.</p> <p><b>General Practice</b> General practices will be required to:</p> <ul style="list-style-type: none"> <li>• Nominate GP Champion to lead and guide the practice in program participation</li> <li>• Refer to social worker and pharmacist when patients meet eligibility criteria</li> </ul>
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	<ul style="list-style-type: none"> <li>• Participate in case-conferences and discussions with social worker and pharmacist to enable team care</li> <li>• Participate in quality improvement activities</li> </ul>
<b>Referral Pathways</b>	<p>General practices participating in the GP+ program will refer eligible clients to the social worker and/or pharmacist. At times, social workers and/or pharmacists may be required to support GPs in identifying eligible patients within the practice. The format of referrals may differ between general practices (e.g. written, verbal or e-referrals). Patients will be unable to self-refer.</p> <p>Social workers and/or pharmacists will have discretion to triage their clients accordingly and to ensure they meet strict referral criteria.</p>
<b>Allocation of social worker and pharmacist across practices</b>	<p>Both the social worker and/or pharmacist will be shared resources across participating general practices in the St George region.</p> <ul style="list-style-type: none"> <li>• General practices are encouraged to host both the pharmacist and social worker at their practice, however preference for one service can be accommodated.</li> <li>• The social worker and/or pharmacist will each work across various practices over a weekly or fortnightly schedule.</li> <li>• The time spent in each practice will vary according to the total number of participating practices and the requirements of each practice (e.g. patient load, number of GPs and other staff, availability of administrative support etc.)</li> <li>• It is estimated a minimum of 4 hours per week, per allied health clinician (social worker and pharmacist) in each practice will be required. The maximum hours for each clinic will vary depending on the number of practices participating in the program. The pharmacist and/or social worker hours will be spread across practices evenly. The social worker and/or pharmacist will attend the clinic at separate times to one another.</li> <li>• The social worker and/or pharmacist will be assigned to the same clinic on a rostered basis to build trust and ensure consistency within the general practice</li> </ul>
<b>Practice integration</b>	<p>Prior to service commencement, systems and processes will be developed with general practices and CESP HN. Components that will be established include:</p> <ul style="list-style-type: none"> <li>• Scope of practice for the social worker and/or pharmacist within the clinic, considering practice needs and demographics</li> <li>• Communication channels between social worker, pharmacist and GP referrer including management, and any further referrals</li> <li>• Access to health records and clinical notes</li> <li>• Processes for booking and managing appointments with patients</li> <li>• Systems for data collection and tracking program outcomes with general practices and social workers</li> </ul>
<b>Communication</b>	<p>The social worker and/or pharmacist will be co-located within each participating general practice and will act as independent services to the general practice.</p> <ul style="list-style-type: none"> <li>• Communication channels between general practice staff, social worker and pharmacist may vary depending on existing infrastructure and preferences within the general practice.</li> <li>• It is expected that the social worker and/or pharmacist will be flexible to negotiate methods of communication regarding patients.</li> </ul>

	<ul style="list-style-type: none"> <li>• Case conferences may occur in person, (formally or informally) or through medical notes, depending on the participating general practice.</li> <li>• Management plans developed by the social worker and/or pharmacist should be discussed with the GP and any other relevant staff.</li> </ul> <p>The general practice, social worker and pharmacist will be supported through an orientation/onboarding process to establish communication methods with the general practice prior to commencement.</p>
<b>Training Requirements and Clinical Supervision</b>	<p>All parties will be required to participate in orientation and onboarding for the program facilitated by CESPHN.</p> <p>The social worker and/or pharmacist will be required to:</p> <ul style="list-style-type: none"> <li>• Complete any training required in data extraction tools (e.g. POLAR, PEN CS), which may be used to identify eligible patients from general practice software</li> <li>• The social worker will receive independent clinical supervision as an element of their professional development (approximately one group session per month).</li> </ul>
<b>Reporting Requirements</b>	<p>Participating practices will be required to report on the following de-identified data:</p> <ul style="list-style-type: none"> <li>• Number of patients referred to social worker</li> <li>• Number of patients referred to pharmacist</li> <li>• Number of patients on waiting list to see either social worker or pharmacist</li> <li>• Number of MDT team discussions and format</li> <li>• Benefits of participating in GP+ Program</li> <li>• Barriers and enablers to implementation of GP+ Program</li> <li>• Any risks identified whilst participating in the program</li> </ul> <p>Practices will submit the above information via the reporting template in Annexure 3.</p>
<b>Program Evaluation</b>	<p>All GPs within the practice will be required to submit a short baseline online survey and a brief annual online feedback survey. A link to the surveys will be provided by CESPHN at intervals outlined in Item 4 Table 1: Deliverables and Timelines and Payment of Remuneration. The evaluation will seek feedback on the program and ask participants to reflect on their experiences.</p>

## Annexure 2

Please note: Annexure 2 Order Form for GP+ Program is an online form. A link will be provided by CESP HN to complete Annexure 2 along with the Memorandum of Agreement.

### Order Form GP+ Program

	Details
<b>Name of practice</b>	
<b>Practice address</b>	
<b>Name of lead GP</b> (who will champion the program, educate other staff and encourage referrals) <b>Please provide lead GP contact details</b>	
<b>Name of medical software used at practice</b>	
<b>Data extraction tool available</b> (e.g. POLAR or PEN CS) <b>installed at practice?</b> (Yes/No, if yes, please specify which)	
<b>Number of spare consulting rooms available, days and times available</b>	

<p><b>Which allied health service/s would you prefer at your practice?</b> (Both pharmacist and social worker, or single service only)</p>	
<p><b>Do you have onboarding procedures for new team members at your practice?</b> If yes, please specify.</p>	

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Signed by the Party's authorised personnel per Item I.6 - Item I- Notices

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Signed by CESPHN's authorised personnel per Item 1.4 -Item I-Notices or as authorised otherwise by authorised personnel in Item 1.4.

## Annexure 3

### Reporting Requirements GP+ Program

Participating practices will be required to meet the following reporting and data requirements and will be responsible for ensuring reporting in accordance with the agreement (Item 4 Table 1 (activities 3,4,5, and 6)).

Reporting Requirement	Details
Number of patients referred to social worker	
Number of patients referred to pharmacist	
Number of patients on waiting list to see either social worker or pharmacist	
Number of multidisciplinary team discussions and format (in-person, phone, online meeting)	

Reporting Requirement	Details
Benefits of participating in GP+ Program	
Barriers to implementation	
Enablers to implementation	
Any risks identified whilst participating in the program	