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

CESPHN INTERNAL INFORMATION ONLY

Contract Name	Multidisciplinary care for people with diabetes and type 2 diabetes
Service Providers	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"

The Diabetes Care Clinic offers an innovative approach to multidisciplinary team-based care for people living with prediabetes and type 2 diabetes in the primary care setting. The program aims to improve integration of education and support in primary care, reduce or delay the progress of prediabetes to type 2 diabetes and reduce the risk of complications, hospitalisation and mortality for people living with type 2 diabetes.

General practices will refer eligible patients to receive diabetes education and support from Diabetes Australia via defined clinical pathways. Clients participating in the program will receive a minimum of two consultations with a Credentialled Diabetes Educator (CDE), Accredited-Practicing Dietician (APD) and/or Accredited Exercise Physiologist (AEP), depending on individual need. Consultations will be held in the participating general practice (diabetes education and support clinics) or held virtually and will be provided free-of-charge for eligible patients.
This program requires participating practices to work collaboratively with Diabetes Australia to facilitate a location in the practice where program consultations can occur, in addition to identifying patients for referral to the program and actively promoting the program to practice staff.

d. Eligibility criteria for general practices
The eligibility criteria for Diabetes Care Clinic program are as follows:

- General practice located within Central and Eastern Sy
- dney region identified by CESPHN for participation in the program
- Solo or smaller (1-5 GP FTE) general practice
- Available consulting room for at least one day per fortnight (to be negotiated with the Diabetes Australia)*
- Willingness to collaborate with Diabetes Australia staff prior to commencement of the service to determine scope of practice and establish systems required for successful implementation of the program as per *Table 1. Expectations of the practice.*
- Practices must be willing to facilitate practice visits with Diabetes Australia.
- Processes to ensure confidential information sharing, allowing Diabetes Australia to conduct comprehensive assessments for patients

- POLAR extraction tool, or willingness to install (through CESPHN)
- Be connected to LUMOS or willing to connect to the LUMOS program.
- Be registered with Provider Connect Australia (PCA) or willing to connect to PCA.
- Onboarding of the Diabetes Australia staff with practice policies, processes and procedures
- Capacity to collect data and meet reporting requirements
- Capacity to establish and implement methods of communication, referral pathways and workflow plans
- Capacity to meet the program objectives and outcomes through the referral of eligible patients to the program
- Nominate lead GP (clinical champion) and practice manager/practice admin (administrative champion) at general practice prior to commencement of service to guide the practice in program participation.
- Participating practices must attend the information session hosted by CESPHN once confirmed as successful.

e. Client eligibility criteria:

Eligible referrals include clients with pre-diabetes or type 2 diabetes who are not receiving duplicate care under another service and are referred from a participating practice.

As prediabetes and type 2 diabetes disproportionately impact certain populations, the following clients will be prioritised:

- Aboriginal and/or Torres Strait Islander clients and/or
- Clients from culturally and linguistically diverse backgrounds, particularly humanitarian entrants and/or
- Clients over the age of 60 years and/or
- Clients who are experiencing financial hardship (e.g. Hold a current Health Care Card, Low Income Health Care Card, Pension Card)

Out-of-scope clients (e.g., with complex medical comorbidities or significant psychosocial barriers) will be redirected to specialist or tertiary care.

It is Agreed as follows:

2. CESPHN's Obligations and Funding

2.1. CESPHN will:

(a) Fund the Program. The funding will be used by the Party to deliver the Program as outlined in **Annexure 1**.

(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 three payments payable to the Party 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 during the 12 months from signing this agreement.

2.3. CESPHN will review this agreement 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, CESPHN will be responsible for

the following:

2.5.1. Commission a Service Provider (Diabetes Australia) to deliver the Diabetes Care Clinic;

2.5.2. Connect the practice contacts with key Diabetes Australia contacts;

2.5.3. Installation and training of data extraction software (POLAR or PEN CS), if not already available;

2.5.4. Supporting the general practice with extracting patient lists using POLAR (as needed);

2.5.5. Conducting evaluation of the project, including the provision of feedback surveys and reporting templates submitted as per **Item 4** of the Schedule; and

2.5.6. Provision of financial incentive to general practices as per **Item 3** of the Schedule.

3. The Party's Obligations

The Party will complete the following:

3.1 Timeline for the activities in the Scheule- Item 4-Table 1 are agreed dates by when each item is to complete, and those times are of the essence.

3.1.1. Completes and submits the required report(s) as per the Schedule – Item 4 – Table 1 and as outlined Annexure 2.

3.2. The Party will also be required to:

3.2.1. Work in partnership with Diabetes Australia and CESPHN to ensure the service is effectively integrated into the practice.
3.2.2. Provide a spare room for Diabetes Australia to deliver consultations within the practice.
3.2.3. Refer suitable patients to Diabetes Australia if they meet referral criteria.
3.2.4. 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.
3.2.5. Ensure outcomes and output in accordance with the agreement, and that terms and conditions are met.
3.2.6. Maintain contact with CESPHN and advise of any emerging issues that may impact on the success of the activities.
3.2.7. Identify, document and manage risks and putting in place appropriate mitigation strategies.
3.2.8. Ensure to keep Confidential Information confidential and comply with all applicable Health and Privacy laws (Commonwealth and State legislations, regulations, codes of practice, privacy and health principles, industry standards) according to this agreement.
3.2.9. The Party agrees to comply with all relevant codes of practice, standards appliable to the profession of general practitioner practice and medical practitioner and organisational policies and procedures implemented from time to time.
3.2.10. 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).
3.2.11. The party must obtain informed consent from the patient for participation in the Diabetes Care Clinic 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.

3.2.12. The Party agrees to comply with all relevant legislations, regulations, codes of practice, standards appliable to the profession of general practitioner practice and medical practitioner and organisational policies and procedures implemented from time to time.

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

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

3.4. For the avoidance of doubt,

3.4.1. The Party agrees to refund any monies on occurrence of any of the following event:

a. The Party cancelling the order form and terminating this agreement.
b. The Party is unable to complete the deliverables as per **Item 4** of the Schedule and the agreement is terminated.

3.4.2. CESPHN will not be required to pay any Funding to the Party if the relevant grant (or part thereof) from the Commonwealth is withdrawn, 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.

3.4.3. 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.

3.5. 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 sub-contractor's acts, omissions, loss or damages to property, assets from where the services will be delivered by the Party or their subcontractor. 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 12 months 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 CESPHN will complete and sign an extension of time form.

5. Remuneration

5.1. The Party must submit to CESPHN 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, CESPHN 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 CESPHN disputes the Invoice issued by the Party, then:

a. CESPHN must serve notice on the Party setting out the nature of the dispute and the amount which CESPHN asserts should be the amount of the relevant invoice;

b. If the Party has not replied to CESPHN'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 CESPHN for the varied amount;

c. If the Party does not accept the amount nominated by CESPHN in the notice served by CESPHN pursuant to Clause 5.3, then the Party must, within 5 business days of issue of CESPHN's notice of dispute, inform CESPHN that a meeting is to be convened between a representative of CESPHN and the Nominated Person of the Party as per **Item** | 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 CESPHN 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 CESPHN 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 CESPHN prior to end of the 12 months 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

6.1.1 The End Date in the agreement.

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. CESPHN 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. CESPHN is satisfied on reasonable grounds that the Party or the Party is unable or unwilling to satisfy the terms of this Agreement.

7.3. CESPHN 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 CESPHN under this agreement shall be reimbursed by the Party on issuance of a credit note. CESPHN 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 Protection Act 1998 (NSW) (PPIP Act) 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, HRIP Act and the PPIP Act.

8.2 The Party undertakes to inform CESPHN 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; and

d. if required by CESPHN ensure the Party's personnel enter into a deed of confidentiality with CESPHN in a form prescribed by CESPHN.

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

Confidential Information means information pertaining to this agreement disclosed to the party by CESPHN; and information pertaining to this agreement disclosed by the Party to CESPHN. Information disclosed by the parties to this agreement to each and other are either Confidential Information or information relating to Intellectual Property Rights.

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

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 CESPHN 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;
ii. provided, or required to be provided, to CESPHN 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 CESPHN 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 CESPHN Program materials in this agreement, CESPHN training materials (Film, Webinar), documents, discussion papers, sketches, research reports, survey results, diagrams, and other material prepared by CESPHN 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 CESPHN from time to time and any and all liability of the Party respectively to CESPHN 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. 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. Cyber liability insurance covering liability for cyber security incidents arising out of or in connection with the performance of the services by the Party under this Agreement, including but not limited to data loss, failure to maintain confidential information and business interruption, with a limit of cover not less than the amount stated in Item 7 of the Schedule; and

v. 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.

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

10.3 The Party must retain the insurances during the term of this agreement and upon request from CESPHN furnish a certificate of insurance per Clause 10.1 (i, ii, iii, and iv).

10.4 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.

10.5 CESPHN acknowledge the NSW Government's Treasury Managed Fund arrangements as sufficient for compliance with the insurance obligations of this Agreement.

11 Variation and waiver

a. Unless this Agreement expressly states otherwise, this Agreement may only be amended in writing signed by all the parties.

b. 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.

c. 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.

d. A party does not waive its right under this Agreement because it grants an extension or forbearance to the other party.

12 Work health and Safety

12.1 The Party must strictly comply with all WHS Law and the Code of Practice Managing Psychosocial Hazards at Work and amendments thereof.

12.2 The Party must identify and exercise all necessary precautions for the health and safety of all persons including the Party's Personnel, CESPHN employees and members of the public who may be affected by their actions or inactions.

WHS Law means, as relevant:

i. the Work Health and Safety Act 2011 (NSW) and the Work Health and Safety Regulation 2011 (NSW); and

ii. the Work Health and Safety Act 2011 (Cth) and the Work Health and Safety Regulation 2011 (Cth),

13 Relationship between the Parties

13.1 The Party's relationship with CESPHN is that of an independent contractor.

13.2 Neither the Party nor CESPHN 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.

13.3 Nothing in this Agreement shall be construed as constituting the Party and CESPHN

as partners, or as creating the relationship of employer and employee, master and servant or principal and agent between the parties.

14. Indemnities

14.1 The Party indemnifies CESPHN, its officers against any claim, loss or damages arising in connection with the agreement.

14.2 The Party's obligation to indemnify CESPHN will reduce proportionally to the extent any act or omission involving fault of CESPHN.

15 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.

15.1 **Receipt of notice**

A notice given in accordance with Clause 15 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.

16. Record Keeping

The Party must keep accurate records and proof of spending on how the funding was used for the Program. This includes tax invoices, receipts, and/or other written evidence of funding used towards the Program. In line with the Australian Taxation Office record-keeping rules for business, the Party should also retain these records for the general five-year retention period.

17 Governing law and jurisdiction

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

17.2 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 (Enter Party name and ABN XXX)

by its authorised representative:

_____

Signature of Authorised Officer

_____

Name of Authorised Officer (please print)

_____

Position Held

Schedule

Item 1 **Date of Agreement** **The day of August 2026**

Item 2 **The Party**

Name of the Party:
ABN:
Address:
Contact:
Email:

Item 3 **Funding**

The total funding available under this funding agreement is set out in the table below

Financial Year	Funding Amount (Ex GST)	GST	Total (Inc GST)
2026-2027	**$5,000**	**$500**	**$5,500**
Total	**$5,000**	**$500**	**$5,500**

The payment of this fund is subject to completion of deliverables in **Item 4- Table 1 Deliverables and Timelines and Payment of Remuneration** and the Party will issue a tax invoice as per Clause 3.3.

Item 4 **Outcomes**

CESPHN will fund a sum of $5,000, this funding amount is a fixed sum. The funding will be paid in three payments.

CESPHN and The Party will support this program as per their respective obligations in this agreement and complete the deliverables outlined in **Table 1 Deliverables and Timelines and Payment of Remuneration** which are to be completed in expected timeframe.

Table 1: Deliverables and Timelines and Payment of Remuneration

Activity	Deliverables	Responsibility	Payment Amount (exc. GST)	Milestone due date
Contract Execution	Sign, date and return to CESPHN signed MOA, and Invoice for $1,000	The Party, CESPHN	$1,000	3 August 2026
Information session	Attend or view a webinar Information Session hosted by CESPHN	The Party, CESPHN		14 August 2026
Set up and baseline data	Submit set up and baseline reporting as per Annexure 1, including POLAR where not already installed.	The Provider		30 September 2026
Progress report	Submit progress report as per Annexure 1. Submit invoice to CESPHN for $2,000.	The Provider	$2,000	30 January 2027
Final Report	Submit final report as per Annexure 2. Submit invoice to CESPHN for $2,000	The Provider	$2,000	30 July 2027

**When issuing invoices for payment milestones, The Provider must include in their invoice all information related to that milestone in the table above along with the name of the Program /Project and must be addressed to the Program person at CESPHN.*

Item 5 **Commencement Date: 3 August 2026**

Item 6 **End Date:** **30 September 2027** (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

All insurances stated above must be evidenced through the provision of a valid and current certificate of currency. 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 caped 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 CESPHN's Contact details for legal notices:

Name	Nathalie Hansen
Position	Chief Executive Officer
Phone	1300 986 991
Email	n.hansen@cesphn.com.au
Postal Address	Tower A, Level 5, 201 Coward St, Mascot NSW 2020

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

Name	
Position	
Phone	
Email	
Postal Address	

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

Name	Ella Dullard
Position	Team Leader – Population Health and Chronic Disease
Phone	9304 8669
Email	e.dullard@CESPHN.com.au

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

Name	
Position	
Phone	
Email	

I.5 CESPHN's contact details for invoicing purposes:

Entity Name	EIS Health Limited
ABN	68 603 815 818
Email	"upload via Folio"

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

Name	
Position	
Phone	
Email	

Annexure 1. Diabetes Care Clinic – Service Model

Activities	Diabetes Australia will provide two pathways for patients at participating practices who are referred to the program. Following referral by the practice, Diabetes Australia will oversee the patient's intake into the program, assigning each patient to a clinical pathway based on diagnosis, risk profile, health literacy and goals. **Pre-Diabetes Pathway** • Diabetes Australia will provide patients with pre-diabetes with up to three individual consultations over 12 months. Consultations will be delivered by an Accredited Practising Dietitian (APD) and/or Accredited Exercise Physiologist (AEP). • Visits will focus on lifestyle risk assessment and goal setting and progress reviews, diabetes-prevention education and referral to complementary services. **Type 2 Diabetes Pathway** • Diabetes Australia will provide clients with type 2 diabetes with a minimum of two consultations within six months, with flexibility for reviews where clinically indicated. • Visits will be delivered by a Credentialled Diabetes Educator (CDE) and/or APD with AEP involvement as required, and focus on establishing a baseline assessment, individualised goal setting and progress reviews, and tailored diabetes education
Referral Pathways	General practices participating in the Diabetes Care Clinic program will refer eligible clients to Diabetes Australia. At times, CESPHN may be able 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.
Expectations of General Practices	**Initial Engagement** • Nominate two practice champions to lead participation • Engage with key contacts from Diabetes Australia **Setup & Baseline** • Confirm roles and responsibilities within the practice • Establish communication and referral pathways • Agree on program scope and promotion approach • Support baseline data extraction (POLAR) for quality improvement (with CESPHN support if needed) • Identify eligible patients for recall and referral • Participate in practice staff education session with Diabetes Australia • Schedule dates for in-person diabetes education and support clinics or virtual care clinic **Ongoing Engagement** • Support delivery of diabetes education and support clinics in collaboration with Diabetes Australia • Participate in ongoing visits and engagement activities **Key Service Principles for Participating GPs** • GP-led care - the Diabetes Care Clinic model is designed to complement—not replace—existing general practice care. The GP remains the primary care provider and central coordinator of the patient's ongoing management. • Advisory clinical support - the Diabetes Australia multidisciplinary team will provide evidence-based clinical recommendations to support patient care. Any treatment decisions, including medication changes, remain at the discretion of the referring GP.

	• Best-practice referral approach - Referrals into the service will align with established best-practice processes. The program will operate independently of individual practice clinical software systems, with clear and streamlined referral pathways and consultation outcomes provided.
Reporting Requirements	The general practice is required to submit reports via completion of a survey submitted to CESPHN at the dates outline in D.3. The practice must also have appropriate procedures and processes in place for data collection to meet reporting obligations. This includes reporting against agreed milestones and outcomes. **Setup and baseline data** • Outline of roles and responsibilities and agreed communication channels, referral pathways • Number of patients at the practice with type 2 diabetes/pre-diabetes • Number of patients planned for recall and offer referral • Planned number of practice staff educations sessions • Anticipated barriers/facilitators • **Progress report** • Number of recalls made/number of patients successfully recalled • Number of referrals made • Number of practice staff education sessions • Barriers/facilitators **Final Report:** The Provider will be required to complete a final report and submit to CESPHN by the date listed in Item D.3. This report will be submitted via an online form provided by CESPHN. The Provider will be required to report on the following: • Number of patients at the practice with type 2 diabetes/pre-diabetes • Number of recalls made/number of patients successfully recalled • Number of referrals made • Number of practice staff education sessions • Barriers/facilitators

Annexure 2. Final Report Reporting requirements

Reporting Requirements	The general practice is required to submit reports via completion of a survey submitted to CESPHN at the dates outline in D.3. The practice must also have appropriate procedures and processes in place for data collection to meet reporting obligations. This includes reporting against agreed milestones and outcomes. **Setup and baseline data** • Outline of roles and responsibilities and agreed communication channels, referral pathways • Number of patients at the practice with type 2 diabetes/pre-diabetes • Number of patients planned for recall and offer referral • Planned number of practice staff educations sessions • Anticipated barriers/facilitators **Progress report** • Number of recalls made/number of patients successfully recalled • Number of referrals made • Number of practice staff education sessions • Barriers/facilitators **Final Report:** The Provider will be required to complete a final report and submit to CESPHN by the date listed in Item D.3. This report will be submitted via an online form provided by CESPHN. The Provider will be required to report on the following: • Number of patients at the practice with type 2 diabetes/pre-diabetes • Number of recalls made/number of patients successfully recalled • Number of referrals made • Number of practice staff education sessions • Barriers/facilitators