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

DRAFT

CESPHN INTERNAL INFORMATION ONLY

Contract Name	GP+ Program
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".**
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, Disability and Ageing, and aims to support smaller general practices connect with local allied health clinicians, improve health outcomes and enhance patient experiences. The program targets patients with chronic diseases and supports vulnerable populations who are unable to afford private allied health services.

CESPHN will deliver the GP+ Program through the commissioning of a social work service which will be available to participating practices. Social workers will support patients with chronic diseases to access psychosocial support and navigate health and social systems when required (e.g. MyMedicare, Centrelink, My Aged Care). These services will be available to eligible patients at no cost.

The GP+ social work service will primarily operate as a telehealth model. If a patient is not suitable for telehealth, (e.g. safety concerns, lack of access to technology, interpreter required) a face-to-face consultation will be arranged by the social worker. Face-to-face consultations may occur at their GP practice if a consulting room is available, or at a community venue.

Practices will work collaboratively with the social work provider to identify patients for referral to the program, actively promote the program, attend 6 monthly meetings with the social work team and facilitate onsite consultations (if available) when required.

d. The eligibility criteria for the GP+ program are as follows:
The Party is required to,

- Be located within the CESPHN region
- Be a solo or smaller (2-5 FTE equivalent GPs) general practice
- Have capacity to meet reporting requirements

- Willingness to collaborate with social work provider prior to commencement of the service to determine scope of practice and establish systems required for successful implementation of the program as per Annexure 1.
- Attend meetings with the social work provider to support ongoing collaboration with the practice every 6 months
- Have capacity to establish and implement methods of communication, referral pathways and workflow plans
- Use the specified format provided by CESPHN to make comprehensive referrals to the social worker
- Have capacity to meet the program objectives and outcomes through the referral of eligible patients to the social worker
- Nominate lead GP (GP champion) at general practice prior to commencement of service to guide the practice in program participation
- Attend an initial meeting hosted by CESPHN and the social work provider to discuss practice policies, processes and procedures

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 (e.g depression/anxiety)

And;

- The patient should require psychosocial support or be experiencing difficulty with system navigation and accessing support services.

  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 the is potential for duplication of service offerings.

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 GP+ Program outlined in **Annexure 1.** This includes facilitating and participating in multidisciplinary team-based care with the social worker; completing program activities; and meeting reporting and evaluation requirements.

(b) Pay the Party on issuance of a tax invoice per Clause 3.3. This remuneration as outlined in **Item 3** of the Schedule consists of an initial payment, followed by two

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 2028.

2.3 CESPHN 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, CESPHN will be responsible for the following:

- 2.5.1 Commissioning the social worker service
- 2.5.2 Facilitating the establishment of the program within the general practice in partnership with GPs and social worker/s
- 2.5.3 Supporting general practices and commissioned allied health clinicians to participate in the program
- 2.5.4 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.
- 2.5.5 Provision of financial incentive to general practices as per **Item 3** of the Schedule.

3. The Party's Obligations

3.1. The Party will complete the following:

- 3.1.1. Participate in all aspects of the program service model as listed in **Annexure 1.**
- 3.1.2. 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.**
- 3.1.3. Submit the reporting template in **Annexure 2** to report on the barriers, enablers, risks and benefits of participating in the GP+ Program.

3.2. The Party will also be required to:

- 3.2.1. Work in partnership with the social work provider and CESPHN to support the successful delivery of the service
- 3.2.2. Refer suitable patients to social worker if they meet referral criteria
- 3.2.3. Attend meetings with the social work team to support ongoing collaboration every 6 months
- 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. 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).

3.2.9. 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.

3.2.10. The Party agrees to assist in providing the following data for patients that are referred into the GP+ Program to see the social worker in the specified referral form:

- Name
- Contact details (phone and/or email)
- Date of Birth
- Postcode
- Reasons for referral
- Chronic condition of patient
- Patient risk factors (including domestic and family violence, mental health, alcohol and drug use, suicidal ideation and criminal history)

De-identified data will be reported to the Department of Health, Disability and Ageing for evaluation of PHN Commissioning of Multidisciplinary Teams and Strengthening Medicare reforms.

3.2.11. 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 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 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 sub-contractor'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 (20) 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 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 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 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 pursuant to Clause 2 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 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 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;

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 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, 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 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 (other than Intellectual Property Rights of third parties);
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. 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.

10.2 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 current 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

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 CESPHN is that of an independent contractor.

12.2 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.

12.3 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.

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

Schedule

Item 1 **Date of Agreement** **The day of 202X**

Item 2 **The Party**

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

Item 3 **Funding**

The GP+ Program grant is a total of **$2000 (ex GST). An initial payment of $1000 will be paid upon execution of this MOA, followed by two instalments of $500 until June 2028** to deliver the GP+ program outlined in Annexure 1. This includes facilitating and participating in multidisciplinary team-based care with the social worker; completing program activities; and meeting reporting and evaluation requirements.

The funding of two thousand dollars ($2000) (excluding GST) is fixed under this agreement.

The payment of this funding 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 **Outcome**

CESPHN will offer funding to support the delivery of the GP+ program.

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	Date due
1. **Execution of MOA**	Sign, date, and return to CESPHN signed MOA with Order Form. Invoice CESPHN for $1000 as per clause 3.3 Attend an initial meeting with the social work provider and CESPHN	The Party, CESPHN	$1000	November 2026

2.Progress Report	Submit progress report as per annexure 2 and issue an invoice for payment to CESPHN as per clause 3.3 All GPs at the practice complete a short annual feedback survey. Practice to attend meeting with social work provider (at 6 months and 12 months).	The Party	$500	12 months from MOA execution
3.Final Report	Submit progress report as per Annexure 2 and issue an invoice for payment to CESPHN as per clause 3.3. Participating GPs complete a short annual feedback survey. Practice to attend meeting with social work provider (at 18 months).	The Party	$500	30 July 2028

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 CESPHN, if requested by CESPHN. 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	Stacey Fredericks
Position	Allied Health Project Officer
Phone	02 9304 8613
Email	s.fredericks@cesphn.com.au

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

Name	
Position	
Phone	
Email	
Postal Address	

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

GP+ Program – Service Model

The model for the GP+ Program is as follows:

Activities	**Social Worker** 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 service. Social workers may conduct the following activities: • 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) • Conduct psychosocial assessments • Deliver basic counselling support • Link patients with chronic diseases to relevant services to improve management of their condition • Assist with basic socio-legal issues • Provide comprehensive health care planning and case support for chronic health conditions • Data collection including patient reported outcome measures (PROMs) and patient reported experience measured (PREMs). The social worker service will act as independent service of the general practice, working in collaboration with GPs and other general practice staff. **General Practice** General practices will be required to: • Nominate GP Champion to lead and guide the practice in program participation • Refer to social worker when patients meet eligibility criteria • Communicate with social worker about shared patients when required • Attend meetings every 6 months with the social work provider to support ongoing collaboration.
Referral Process	General practices must use the specified format provided by CESPHN to make referrals to the social worker. Patients will be unable to self-refer. Referrals to the service must be complete and comprehensive to ensure that the social worker can contact the patient and is aware of all risks involving the patient (including but not limited to; domestic and family violence, mental health, suicidal ideation, alcohol/drug use and criminal record featuring violence or intimidation). Social workers will have discretion to triage their clients accordingly and to ensure they meet strict referral criteria.

	In the referral, GPs must confirm whether the patient is suitable for telehealth delivery (patient has access to phone/computer, does not require an interpreter etc.) The social work team will contact the patient to arrange an appointment and confirm the mode of delivery. If the patient is not suitable for a telehealth appointment (e.g. patient is victim of family and domestic violence), the social worker will attempt to arrange an appointment at the general practice. In extenuating circumstances where a consulting room is unavailable, the social worker will organise an appointment at the social work provider counselling rooms in Rockdale, or at an appropriate community venue (e.g. café, community centre etc.).
Expectations of General Practices	**Initial Engagement** • Nominate GP Champion to lead and guide the practice in program participation • Engage with key contacts from social work team **Setup & Baseline** • Participate in initial meeting with social work provider and CESPHN • Confirm roles and responsibilities of the practice and social work team • Establish communication and referral pathways • Confirm social work scope of practice and promotion approach • Identify eligible patients for referral into the program • Discuss processes for booking and managing appointments with patients if consultations occur at the GP clinic **Ongoing Engagement** • Support delivery of social work service in collaboration with social work provider • Communicate with social work team regarding shared patients when required • Attend a 6 monthly meeting with social work team to support collaborative care
Communication	Social workers will send correspondence via Healthlink to GPs after the patient sees the social worker for their initial consultation and upon discharge from the service. Prior to service commencement, the social work team will meet with the lead GP to establish preferred communication channels outside of written correspondence (e.g. email, text, phone call, arranging onsite visit with GP), particularly regarding urgent patient matters.
Reporting Requirements	Participating practices will be required to provide the following feedback in the specified reporting template: • Benefits of participating in GP+ Program • Barriers and enablers to implementation of GP+ Program • Any risks identified whilst participating in the program

	The practice will also list the date of their required 6 monthly meeting with the social work provider. Practices will submit the above information via the reporting template in Annexure 2.
Program Evaluation	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.

Annexure 2

Reporting Requirements GP+ Program

Participating practices will be required to meet the following reporting requirements and will be responsible for ensuring reporting in accordance with the agreement (Item 4 Table 1 (activities 3,4,5, and 6). This will be provided in an online form for the practice to complete.

Reporting Requirement	Details
Date of 6 monthly meetings with social work provider	Initial kick of meeting 2026: First 6-monthly meeting 2027: Second 6-monthly meeting 2027: 6 monthly meeting 2028:
Benefits of participating in GP+ Program	
Barriers to implementation	
Enablers to implementation	
Any risks identified whilst participating in the program	