# Central and Eastern Sydney - PHN Pilots and Targeted Programs 2021/22 - 2024/25 Activity Summary View



# PP&TP-GCPC - 1 - Greater Choice for At Home Palliative Care (GCfaHPC) program



# **Activity Metadata**

Applicable Schedule \*

**PHN Pilots and Targeted Programs** 

**Activity Prefix \*** 

PP&TP-GCPC

**Activity Number \*** 

1

**Activity Title \*** 

Greater Choice for At Home Palliative Care (GCfaHPC) program

Existing, Modified or New Activity \*

**New Activity** 



# **Activity Priorities and Description**

Program Key Priority Area \*

**Population Health** 

Aim of Activity \*

To work with local providers to improve access to quality palliative care in the community, support end-of-life care systems and services in primary care and community care, and address issues associated with historically underserved groups, including people from culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander peoples.

**Description of Activity \*** 

The GCfaHPC activity aims to:

- build the capacity and confidence of the primary care workforce, including GPs and community care workers, to provide palliative care.
- increase community awareness and understanding of palliative care and improve appreciation of death and dying as a normal part of life.
- improve access to palliative care information and services.

CESPHN is currently in the planning phase for these activities and has undertaken local consultations.

#### Needs Assessment Priorities \*

#### **Needs Assessment**

2022-2024 Needs Assessment

#### **Priorities**

Priority	Page reference
Older Australians	30
Access, integration and coordination	41
Population Health	27



# **Activity Demographics**

# **Target Population Cohort**

Primary care workforce, community service providers and people that live in the CESPHN region.

Indigenous Specific \*

No

# Coverage

**Whole Region** 

Yes



# **Activity Consultation and Collaboration**

#### Consultation

Extensive consultation is being undertaken with local health district and speciality care network palliative care departments, carers, peak bodies for consumers community service providers, primary care clinicians, and a range of public, private and not-for-profit organisations involved in palliative care.

#### Collaboration

General practice – education, training and quality improvement activities.

Local health districts, including specialist palliative care services – program alignment and governance.

Community service providers – education and training and referral pathways.



# **Activity Milestone Details/Duration**

#### **Activity Start Date**

08/12/2021

# **Activity End Date**

29/10/2025



# **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

**Direct Engagement:** No **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning** 

No

Decommissioning details?

N/A

## **Co-design or co-commissioning comments**

The commissioned activities will be determined in consultation and collaboration with key stakeholders and experts in the palliative care field. The activities will also consider and build upon the established evidence base.



# PP&TP-PCEP - 1 - Intellectual disability



# **Activity Metadata**

Applicable Schedule \*

**PHN Pilots and Targeted Programs** 

**Activity Prefix \*** 

PP&TP-PCEP

**Activity Number \*** 

1

**Activity Title \*** 

Intellectual disability

Existing, Modified or New Activity \*

Existing



# **Activity Priorities and Description**

Program Key Priority Area \*

Population Health

# Aim of Activity \*

To build the capability and capacity of local primary care providers to meet the complex needs of people with intellectual disability (ID) and improve access to equitable preventative healthcare, reduce chronic disease and support people with ID to build healthy lives.

#### Description of Activity \*

The activity comprises three main elements:

- service navigation to support primary care providers in health system navigation and referrals, to link providers with the most appropriate specialist services for their patients.
- community engagement to promote rights of people with ID and access to health care services, improve health literacy, and ownership of health outcomes.
- education for primary care providers on best practice care for people with ID, to support GPs to undertake annual Medicare assessments, chronic disease management plans, preventative health screening, and input reasonable adjustments into primary care practices.

#### **Needs Assessment Priorities \***

#### **Needs Assessment**

2022-2024 Needs Assessment

# **Priorities**

Priority	Page reference
Regional priority populations	32
Primary care workforce	45
Access, integration and coordination	41
Population Health	27



# **Activity Demographics**

#### **Target Population Cohort**

Primary care providers, practice managers and practice staff in the CESPHN region, community services and people with lived experience of intellectual disability.

Indigenous Specific \*

No

#### Coverage

#### **Whole Region**

Yes



# **Activity Consultation and Collaboration**

#### Consultation

General practitioners, allied health professionals, SLHD and SESLHD Specialist Intellectual Disability Health Teams, people with lived experience parents/carers, Council for Intellectual Disability, NSW 3DN

#### Collaboration

General practice – implementation of in practice education, reasonable adjustments and quality improvement activities LHDs – program alignment, governance

Relevant NGOs and specialist ID services – support promotion of the program, referral pathways



# **Activity Milestone Details/Duration**

#### **Activity Start Date**

30/08/2020

## **Activity End Date**

29/06/2024



# **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

**Direct Engagement:** Yes **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

#### Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

Yes

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning** 

No

Decommissioning details?

N/A

# Co-design or co-commissioning comments

The model has been designed in consultation and collaboration with key stakeholders and experts in the ID field. The model also considers and builds upon the established evidence base.



# PP&TP-AHPGPE - 1 - COVID Allied Health Package GP Education



# **Activity Metadata**

Applicable Schedule \*

**PHN Pilots and Targeted Programs** 

**Activity Prefix \*** 

PP&TP-AHPGPE

**Activity Number \*** 

1

**Activity Title \*** 

COVID Allied Health Package GP Education

Existing, Modified or New Activity \*

Existing



# **Activity Priorities and Description**

Program Key Priority Area \*

Workforce

Aim of Activity \*

Promote the importance of providing allied health services to people with dementia and residents with complex medical needs in Residential Aged Care Facilities to GPs and other primary care providers.

**Description of Activity \*** 

Source appropriate speakers and organise three webinars as a short three part series focusing on different aspects of the measure. Webinars have been recorded and are available on our YouTube library.

#### **Needs Assessment Priorities \***

# **Needs Assessment**

2022-2024 Needs Assessment

#### **Priorities**

Priority	Page reference
Primary care workforce	45
Older Australians	30
Access, integration and coordination	41



# **Activity Demographics**

## **Target Population Cohort**

GPs and other primary care providers in the CESPHN region

Indigenous Specific \*

No

# Coverage

**Whole Region** 

Yes



# **Activity Consultation and Collaboration**

#### Consultation

GP CPD Advisory Committees, GP Aged Care Advisory Committee, Clinical Leaders Network

Collaboration



# **Activity Milestone Details/Duration**

## **Activity Start Date**

21/02/2021

## **Activity End Date**

29/06/2022

#### **Other Relevant Milestones**

This activity has now been delivered and finalised.



# **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

**Direct Engagement:** Yes **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No
Has this activity previously been co-commissioned or joint-commissioned?

No
Decommissioning

No
Decommissioning details?

N/A

Co-design or co-commissioning comments

n/a



# PP&TP-DVP - 1 - Domestic and Family Violence Pilot



# **Activity Metadata**

Applicable Schedule \*

**PHN Pilots and Targeted Programs** 

**Activity Prefix \*** 

PP&TP-DVP

**Activity Number \*** 

1

**Activity Title \*** 

**Domestic and Family Violence Pilot** 

Existing, Modified or New Activity \*

Existing



# **Activity Priorities and Description**

Program Key Priority Area \*

**Population Health** 

Aim of Activity \*

To build the capacity of local primary care providers to recognise and respond to domestic and family violence (DFV) and strengthen integration with broader social and community services.

**Description of Activity \*** 

The activity comprises two main elements:

- a specialist DFV educator who will provide a range of education options for primary health care professionals, including individual sessions, small group learning and large scale events.
- a specialist DFV navigator who will provide a referral service to link primary care providers with appropriate DFV services and secondary consultations to assist health professionals to support their patients .

#### **Needs Assessment Priorities \***

#### **Needs Assessment**

2022-2024 Needs Assessment

#### **Priorities**

Priority	Page reference
Primary care workforce	45
Access, integration and coordination	41
Population Health	27



# **Activity Demographics**

# **Target Population Cohort**

Primary care and community workforce

Indigenous Specific \*

No

Coverage

**Whole Region** 

Yes



# **Activity Consultation and Collaboration**

#### Consultation

General practitioners, allied health professionals, practice nurses, practice managers, specialist DFV services, Aboriginal programs, DFV victim survivors, LHDs and LHNs, Ministry of Health.

#### Collaboration

General practice – implementation of in practice education and quality improvement activities LHDs – program alignment, governance

Relevant NGOs and specialist DFV services – support promotion of the program, referral pathways



# **Activity Milestone Details/Duration**

#### **Activity Start Date**

12/05/2020

**Activity End Date** 

28/06/2022



# **Activity Commissioning**

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

**Direct Engagement:** Yes **Open Tender:** No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

**Decommissioning** 

No

Decommissioning details?

N/A

## Co-design or co-commissioning comments

The model has been designed in consultation and collaboration with key stakeholders and experts in the DFV field. The model also considers and builds upon the established evidence base. In order to enhance the navigation service provided to primary care practitioners, the navigation element of the program will now be commissioned to a specialist DFV service.