

# EXPRESSION OF INTEREST

*Intellectual Disability Primary Care  
Inclusion Program*

<b>EOI release date</b>	20 November 2023
<b>Deadline for EOI application submission</b>	1 February 2024

## Intellectual Disability Primary Care Inclusion Program

### Expression of Interest (EOI) and Guidelines

#### 1. Overview

This Expression of Interest (EOI) is for general practices in the Central and Eastern Sydney PHN (CESPHN) region to participate in the Intellectual Disability Primary Care Inclusion Program. This program aims to enhance, support, and build capacity of primary care providers to effectively care for patients with intellectual disability and assist their families and carers.

The Intellectual Disability Primary Care Inclusion Program is an activity of CESPHN's [Project GROW](#). Project GROW is a component of the [National Roadmap for Improving the Health of People with Intellectual Disability](#) and focuses on improving models of primary care for people with intellectual disability, their families, and carers.

The Intellectual Disability Primary Care Inclusion Program offers financial support of \$5000 to general practices to undertake in-practice training and complete Quality Improvement activities related to intellectual disability health care. Funding will be provided across two payments of \$2,500 (excluding GST). First payment upon executed Memorandum of Agreement (MOA) and commencement of the program and a second payment upon program completion.

The timeframe for completing the training and activities to meet program objectives is 4 months from the date of MOA execution.

People with intellectual disability are a priority population in the CESPHN region, having poorer health relative to the general population and significantly higher health and social care needs. People with intellectual disability, their families and carers have difficulty navigating the health sector, with multiple barriers to timely, affordable, and appropriately equipped health services highlighting the need for improved pathways and coordination of care.

Project GROW is dedicated to enhancing health outcomes and overall quality of life for patients with intellectual disability. By taking proactive and coordinated steps, healthcare professionals can make a meaningful impact on the well-being of this vulnerable population.

#### 2. Information about Central and Eastern Sydney PHN

##### 2.1 What are primary health networks?

Primary health networks (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of medical services for individuals, particularly those at risk of poor health outcomes. They also aim to improve coordination of care to ensure people receive the right care in the right place at the right time.

PHNs are not for profit, regionally based organisations which aim to strengthen primary care by redirecting frontline health services to improve health outcomes of the community.

##### Our vision

Our vision is better health and wellbeing of the people who live and work across our region. We are committed to investing in strategies that will contribute to individual and population health outcomes including fewer preventable deaths and hospitalisations, reduced health risks and health inequities and more prevention behaviours.

## 2.2 Our region, our community

The central and eastern Sydney catchment spans 587 square kilometres. Our region stretches from Strathfield to Sutherland, as far east as Bondi, and includes Lord Howe Island. We are the second largest of the 31 primary health networks across Australia by population, with over 1.5 million individuals residing in our region.

Our catchment population is characterised by cultural diversity and high population growth, with an estimated 16,225 (1.05 per cent of total population) identifying as Aboriginal and/or Torres Strait Islander. 40% of our community are born outside Australia, 36.8% speak a language other than English at home and 6.2% do not speak English well or at all. By 2031 our region's population will reach more than 1.85 million, an increase of 28.1% or more than 400,000 individuals.

Our boundaries align with those of South Eastern Sydney Local Health District and Sydney Local Health District and covers twelve LGAs. Refer to this complete list of [postcodes](#) within the CESP HN catchment area. For more information about our region visit the [About CESP HN](#) page on our website.

## 3. Target population and eligibility

There are over 13,000 people in the Central and Eastern Sydney region with intellectual disability, with a high proportion of those being children and/or from priority population groups. Compared with the general population, people with intellectual disability, experience:

- Over twice the rate of avoidable deaths.
- More than twice the rate of emergency department and hospital admissions.
  1. Significantly longer hospital admissions costing twice as much.
  2. Higher rates of physical and mental health conditions.
  3. Lower rates of preventative healthcare.

### 3.1 Eligibility criteria for this program

Participating general practices must be located within the CESP HN region. Participating practices must use the data extraction tool POLAR to complete the Quality Improvement activities. CESP HN will provide a temporary licence for practices that do not have POLAR. There is no cost to the practice for the licence.

## 4. Program activities

To successfully complete the Intellectual Disability Primary Care Inclusion Program, participating practices must:

1. Ensure all relevant staff within the general practice attend **two** training sessions listed below and complete the post-training survey.
2. Complete two Quality Improvement Activities, listed below.
3. Report on program outcomes using the reporting template -Attachment 1.
4. Ensure all participating staff complete a program evaluation form.

### 4.1 Training sessions

Training sessions will be delivered face-to-face at the general practice location. All participants will be sent an online post-training survey to complete at the end of the session. Practices must complete **two** of the following training sessions:

#### a) Intellectual Disability Health Care (**GP and Practice Nurse**)

**CPD hours:** 1.5 hours + optional self-reported activities across all activity types.

**Delivered by:** CESP HN (CNC and ID communication expert)

**Learning outcomes:**

- Identify types of health conditions people with Intellectual Disability (ID) experience.
- Identify key clinical resources to promote effective assessment of these conditions.
- Determine effective health interventions for people with intellectual disability.

- Identify and implement whole of practice reasonable adjustments.
- b) Communication tips and resources (***all relevant practice staff***)  
**CPD hours:** 1hr + optional self-reported activities across all activity types.  
**Delivered by:** CESPHN (CNC and ID communication expert)  
**Learning outcomes:**
- Increased confidence in delivering care to patients with complex communication needs.
  - Increased understanding of how to use and where to obtain resources aimed at in practice consultations.
- c) Annual Health Assessments (***GP and Practice Nurse***)  
**CPD hours:** 1 hr + optional self-reported activities across all activity types.  
**Delivered By:** CESPHN (CNC)  
**Learning outcomes:**
- Effectively promote and employ the Annual Health Assessment (AHA) approach to enhance preventative and chronic health care management for individuals with intellectual disabilities.
  - Identify and implement communication strategies and reasonable adjustments.
  - Employ collaborative and consultative approaches to patient coordination and continuity of care.

## 4.2 Quality Improvement Activities

CESPHN will provide templates and one-on-one support to complete the Quality Improvement (QI) Activities. Practices must complete both QI Activities.

Participating practices must use the data extraction tool POLAR to complete the Quality Improvement activities. CESPHN will provide a temporary licence for practices that do not have POLAR.

Participants will be able to self-report Continuing Professional Development (CPD) hours for these activities through relevant bodies, such as the RACGP.

**Quality Improvement Activity Suite** (GP, Practice Manager, Practice Nurse)

**Delivered by:** CESPHN Service Navigator and Digital Health Officer

**Activities:**

1. Data cleanse and code patients with intellectual disability in clinical software.
2. Preventative health screening audit and developing a recall and reminder process for Annual Health Assessments for people with intellectual disability.

## 4.3 Reporting requirements

Participating practices will be required to report on the number of staff attending training; provide deidentified data from the Quality Improvement activities; and outline the actions the practice will take as a result of participating in the program. Practices will submit this information via the reporting template - Annexure 1.

This deidentified data from Quality Improvement activities includes:

QI Activity 1:

- Total number of patients with 'intellectual disability' as a diagnosis prior to commencing QI activity.
- Total number of patients with 'intellectual disability' as a diagnosis post completion of QI activity.
- Demographics – number of patients with intellectual disability that identify as Aboriginal or Torres Strait Islander or are from multicultural background.

QI Activity 2:

- Total number of patients who have completed an annual health assessment within the last 12 months.
- Number of patients who have not accessed an Annual Health Assessment in the last 12 months and recalls sent out.

## 4.4 Program evaluation

All practice staff participating in the Intellectual Disability Primary Care Inclusion Program will be required to submit an online evaluation survey on completion of the program. The evaluation will seek feedback on the program and ask participants to reflect on their learnings.

## 5. Responsibilities

General practices will be responsible for:

- ensuring all relevant practice staff attend the nominated training sessions and complete the post-training survey.
- submitting the reporting template at Annexure 1 to reporting on program outcomes.
- ensuring outcomes and output reporting in accordance with the agreement
- ensuring that the terms and conditions of the Agreement are met.
- maintaining contact with CESP HN and within three (3) weeks from signing the agreement advise of any emerging issues that may impact on the completion of the program
- ensuring all staff involved in the program submit the program evaluation survey.

## 6. Compliance with law

The provider will be responsible for complying with the following legislation, regulation, and industry standards:

- Privacy Act 1998 (Cth), Health Records and Information Privacy Act 2002 (NSW), the Privacy Amendment (Enhancing Privacy Protection Act (NSW) and the Australian Privacy Principles.
- Work Health and Safety Act.

## 7. Who can apply?

General practices located within the CESP HN region. Participating practices must have the capacity to extract data from practice software to complete the Quality Improvement activities.

## 8. Contract term

Participating practices will enter into a Memorandum of Agreement (MOA) with CESP HN. The term of the contract is 4 months from date the of MOA execution.

## 9. Funding

A total sum of \$5,000 (excluding GST) will be provided as financial support for completing training and undertaking quality improvement activities. Entities with more than one general practice within the CESP HN region may submit an application for each eligible practice. And a Memorandum of Agreement (MOA) will be signed for each general practice.

Funding will be provided across two payments of \$2,500 (excluding GST). First payment upon executed Memorandum of Agreement (MOA) and commencement of the program and a second payment upon program completion (See section 4 above).

All activities are to be completed by 30 June 2024.

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## 10. Timeline

<b>Milestone</b>	<b>Due by</b>
EOI released	<b>20 November 2023</b>
Deadline for questions from potential applicants	<b>19 January 2024</b>
Deadline for CESP HN to respond to questions	<b>27 January 2024</b>
Deadline for EOI application submission	<b>1 February 2024</b>
Applications evaluated	<b>Ongoing until applications close</b>
Funding grants awarded and execution of MOA	<b>Ongoing until applications close</b>
Completion of program activities	<b>4 months from MOA execution.</b>

This timeline is provided as a guide only. CESP HN reserves the right to make alterations to the timetable for this EOI process.

Any clarification questions asked by potential applicants will be posted on the [EOI web page](#) with the funding committee's response.

## 11. Submitting your application

Please make your submission using the [CESPHN online application form](https://cesphn.tfaforms.net/864) which can be accessed at: <https://cesphn.tfaforms.net/864>

**Applications will close 1 February 2024.**

All questions related to the EOI are to be directed through to [intellectualdisability@cesphn.com.au](mailto:intellectualdisability@cesphn.com.au)

## Attachment 1 - Reporting requirements

Successful applicants will be required to meet the following reporting and data requirements and will be responsible for ensuring reporting in accordance with the agreement.

### Training

Reporting requirement	Details
Number staff attend training session 1. <i>Insert name of training session:</i>	
Number staff attend training session 2. <i>Insert name of training session:</i>	
All staff attending training sessions 1 and/or 2 have completed the Qualtrics post-training survey.	

### Quality Improvement (QI) Activities – Deidentified data

Reporting requirement	Data
<b>Quality Improvement Activity 1</b>	
Using POLAR, list the total number of patients with 'intellectual disability' as a diagnosis <b>prior to</b> commencing QI activities.	
Using POLAR, list the total number of patients with 'intellectual disability' as a diagnosis <b>post</b> completion of QI activities.	
Number patients with intellectual disability (ID) that are Aboriginal or Torres Strait Islander or from a multicultural background	
<b>Quality Improvement Activity 2</b>	
Total number of patients who have completed an ID annual health assessment within the last 12 months.	
Number of patients <b>recalled</b> for ID annual health assessment.	

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## Actions

Reporting requirement	Detail
All staff participating in the program have completed the Intellectual Disability Primary Care Inclusion Program Evaluation Form.	
Outline the process to reach the target of 70% of patients with intellectual disability completing an Annual Health Assessment within 6 months.	
Describe reasonable adjustments made to recall and reminders for patients with ID.	
Describe any further adjustments the practice will make as a result of participating in the program.	
Describe any feedback your practice may have received from patients as a result of engaging with the ID Primary Care Inclusion Program	