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Schedule 21.1

REGIONALLY TAILORED PRIMARY HEALTH CARE INITIATIVES  
THROUGH MEDICARE LOCALS FUND

## 2014-15 Annual Plan

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<b>Medicare Local Name</b>	Gold Coast Medical Local
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<b>Date Submitted</b>	16 May 14

In submitting this Annual Plan to the Department of Health, the Medicare Local has ensured that all internal clearances have been obtained and the Annual Plan has been endorsed by the CEO and any other appropriate personnel and/or Board members.

## Notes

This document is one component of the material your Medicare Local is required to submit to the Department by 16 May 2014. It includes:

- Directions against the Medicare Local Strategic Objectives;
- Annual Plan activities; and
- Risk Management Plan.

The other components due by 16 May 2014 are:

- the Comprehensive Needs Assessment Reporting Template;
- the Budget (FPRT, staffing profile and assets register); and
- ensuring that all information on the 'My Medicare Local' tab in MELVIN is current and correct (accreditation status, board membership, certificates of insurance, company membership, contact details, corporate details, organisational chart and strategic plan).

It is expected that the 2014-15 Annual Plan is informed by and directly related to the Comprehensive Needs Assessment Report Template.

## Glossary

Activity	The action(s) undertaken to implement the strategy
Identified Need	The issue(s)/need(s) that have been established as priorities to address in Table 6 of the Comprehensive Needs Assessment Reporting Template
Strategy	The approach/intervention/initiative chosen to address the identified need in Table 6 of the Comprehensive Needs Assessment Reporting Template
Resourcing	The indicative proportion of funding allocated to the activity from the overall funding provided under Schedule 21.1 for 2014-15. This must be GST exclusive
Region	The region in which the activity is being delivered. This could be the whole Medicare Local region or a sub-region
Strategic Objective (SO)	The Five Medicare Local Strategic Objectives outlined in Schedule 1.1 of the Medicare Local Deed for Funding and Medicare Local Operational Guidelines
Key Reporting Area (KRA)	The Six Key Reporting Areas outlined in the Medicare Local Operational Guidelines
Fund Priorities (FP)	The Six Flexible Fund Priorities outlined in the Flexible Fund Guidelines for the Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund

## **Instructions**

Please complete the 'Strategic Directions' table as instructed in blue text.

Please copy and complete the 'Activities table' as many times as necessary to report on each activity identified in Table 6 of your Comprehensive Needs Assessment Reporting Template. You are encouraged to group activities by strategy when completing the Activity table in the same way they are grouped in Table 6 of the Comprehensive Needs Assessment Reporting Template.

Please follow the instructions in blue text to complete the elements of the Activities table.

Please complete the 'Risk Management' table as instructed in blue text.

Please limit text responses to 300 words or less where possible.

The 2014-15 Annual Plan template should be uploaded to MELVIN once finalised. It is due 16 May 2014.

## **References and further information**

Refer to:

- Clause 9 of Medicare Locals Deed for Funding;
- Item F of Schedule 1.1;
- Items A and D of Schedule 21.1;
- Flexible Fund Guidelines for the Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund; and
- Medicare Local Operational Guidelines.

Please contact your Grants Officer if you are having any difficulties completing this document.

## Strategic Directions

### GCML Organizational objectives

<p><b>Strategic Objective 1</b> – Improving the patient journey through developing integrated and coordinated services</p>	<p>2. Improve the Patient Journey through developing integrated and co-ordinated care.</p> <p>GCML will continue to build on it work across the primary care sector in partnership with Gold Coast Health, the private and non-government sector and consumers to implement an integrated care delivery system. A major integrated care service to reduce avoidable hospitalisations is currently underway.</p>
<p><b>Strategic Objective 2</b> – Provide support to clinicians and service providers to improve patient care</p>	<p>5. Provide support to clinicians and service providers to improve patient care.</p> <p>6. Developing a sustainable and skilled workforce.</p> <p>GCML is committed to a workforce strategy that will focus on continuing to build capacity across the primary care workforce to deal with the increasing acuity and complexity of their patients’ as well as driving and adjusting to system change for better integration with the secondary and community sectors to enhance patient outcomes and experiences.</p>
<p><b>Strategic Objective 3</b> – Identification of the health needs of local areas and development of locally focussed and responsive services</p>	<p>1. Promoting a shift in our communities and services to health risk reduction, good health and early intervention.</p> <p>3. Improve access to primary health care services and strive to eliminate difference in health status and meet local need.</p> <p>4. Strengthen the role of individual consumer/carers groups and their ability to influence their health.</p> <p>GCML is committed to ensuring all service planning, activities and commissioning are locally focussed and responsive and align with the GCML needs assessment.</p>
<p><b>Strategic Objective 4</b> – Facilitation of the implementation and successful performance of primary health care initiatives and programs</p>	<p>2. Improve the Patient Journey through developing integrated and co-ordinated care.</p> <p>GCML is committed to ensuring all primary health care initiatives and programs are evidence based and driving sustainable continuous quality and business improvement across the sector.</p>
<p><b>Strategic Objective 5</b> – Be efficient and accountable with strong governance and effective management</p>	<p>7. Developing capability to support a high performing, quality, accountable organisations.</p> <p>8. Leading improvement through planning and partnerships.</p> <p>GCML is committed to ensuring it is recognised as a high performing organisation demonstrating measurable outcomes and sustaining its credibility as an innovative organisation leading change within primary care.</p>

## Activities Table

1		SO	KRA	FP
<b>ACTIVITY NAME</b>	Health Promotion	3		21.1
<b>IDENTIFIED NEED</b>	Overweight Obesity			
<b>STRATEGY</b>	<p><b><u>GCML Strategies</u></b></p> <p>1. Promoting a shift in our communities and services to health risk reduction, good health and early intervention. 4. Strengthen the role of individual consumer/carers groups and their ability to influence their health.</p>			
<b>DURATION</b>	July 2014 – June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc. - \$131,741			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 2.1%			
<b>Description</b>	<p>GCML will be reducing its activities in the health promotion area. To ensure sustainability and continuity of work previously completed by the GCML the following activities will be completed in 2014/15.</p> <ul style="list-style-type: none"> <li>• <b>Validated Grading Tool</b> across free low cost physical activities and programs. GCML in partnership with the Gold Coast Health Service has developed a tool that can be applied to low cost physical activities programs, which will enable primary health care providers ie general practice, allied health and others including consumers to determine easily the level of intensity of the activities/programs and determine which ones best suit their individual needs and capability. All free low cost programs on the Gold Coast will be graded and the information provided on the Gold Coast Active and Health Website managed by the City of Gold Coast. A strategy to inform Primary Health care providers of its availability will be implemented</li> <li>• <b>Motivational Interview training.</b> Bond University in collaboration With GCML has developed a motivation interviewing training program specifically targeting service providers on how to make healthy behavioural changes. GCML will be contracting the provision of this training to approximately 40 primary health care front line workers.</li> <li>• <b>Walking groups</b> – GCML in partnership with the Heart Foundation and local organisations has supported the establishment of approximately 30 walking groups across the Gold Coast. These walking groups have been strategically aligned with local service providers /community groups and/or businesses in areas of greatest need to offer no cost activity options. Each group is independently co-ordinated by a volunteer within the group, Currently groups are aligned to such organisations as;             <ul style="list-style-type: none"> <li>○ General practices</li> <li>○ Pharmacies</li> <li>○ Persistent Pain Network</li> <li>○ Multicultural Home and Community Program (HACC)</li> <li>○ Local support groups</li> </ul> </li> </ul>			

	In 2014/15 GCML will be continue to support this strategy with the intent that all walking groups becoming fully Self-sustaining without ongoing support and resourcing from GCML.
<b>Type of activity</b>	Education/information, Maintain/enhance existing services, Capacity Building.
<b>Region</b>	Regions within Gold Coast Medical Local area.
<b>Sector</b>	Grading Tool – Whole Community, Health & Wellbeing Sector Motivational Training – Health & Community Workforce Walking groups– Community, health and community service providers
<b>Service Provision</b>	Grading Tool – In-house and with City of Gold Coast Motivational Training - Subcontracting Walking groups – In-house
<b>Performance information</b>	<b><u>Grading Tool &amp; Walking</u></b> 5. % of patients managing their own health and wellbeing. <b><u>Motivational Training</u></b> 7. % of primary health staff that have enhanced their skills and knowledge.
<b>Expected outcome</b>	<p><b>Grading Tool</b></p> <ul style="list-style-type: none"> <li>• Increase general practice ability to refer to programs that suit patient level of capability.</li> <li>• increased confidence by primary health care providers in referral to existing community based physical activity options</li> <li>• Increase confidence by consumers to access community based physical activity options that match their level of capability</li> <li>• Increase utilisation for community based physical activity options</li> </ul> <p><b>Motivational Interviewing</b></p> <ul style="list-style-type: none"> <li>• Reduce incidence of chronic disease by increasing ability of primary health service providers to utilise motivational interviewing techniques to encourage at risk consumers to make healthy behavioural changes.</li> </ul> <p><b>Walking Groups</b></p> <ul style="list-style-type: none"> <li>• Increase overall health and wellbeing of communities</li> <li>• Increase access to free physical activity</li> <li>• Improve social connections and linkages with local service providers</li> <li>• Providing opportunities for consumers to participate in free exercise programs, ensuring a smooth exit from current walking group strategy maximising sustainability</li> </ul>

2		SO	KRA	FP
<b>ACTIVITY NAME</b>	Gr8 Start	3		21.1
<b>IDENTIFIED NEED</b>	Early childhood development			
<b>STRATEGY</b>	<b>GCML Strategies</b> 1. Promoting a shift in our communities and services to health risk reduction, good health and early intervention. 4. Strengthen the role of individual consumer/careers groups and their ability to influence their health.			
<b>DURATION</b>	1 July 2014			
	30 June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc. - \$487,321			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 7.8%			
<b>Description</b>	<ul style="list-style-type: none"> <li>• Maintain and support gr8 Start Alliance</li> <li>• To increase access to developmental screening for children in early childhood education centres</li> <li>• Ongoing implementation and roll out of the of PEDS screening tool in Early Childhood Education and Care Centres with a target of an additional 2,500 episodes of screening</li> <li>• Primary care education and support including an ongoing joint position with Gold Coast Health as an intake coordination and support to general practice for early childhood development issues and referrals</li> <li>• Partner with Gold Coast health for systemic follow up for positive screening by child health nurses for more thorough clinical assessment, increasing timely and appropriate access to clinical interventions</li> <li>• Provision of access to Brokerage funds for high demand services for children who would “Fall through gaps” in current system; in particular a continuing student led clinics for Speech language pathology</li> <li>• Production/distribution of resources to support parental health literacy regarding early childhood development and increase uptake of Healthy Kids Checks in General Practice.</li> </ul>			
<b>Type of activity</b>	Education/information, Workforce Support, Early Intervention, Maintain/enhance existing services.			
<b>Region</b>	Gold Coast Medical Local region			
<b>Sector</b>	Children under 5 years and Early Years providers			
<b>Service Provision</b>	In house and Subcontracting			
<b>Performance information</b>	1. % increase in screening rates of: <ul style="list-style-type: none"> <li>➤ Developmental Status (Early Childhood Centres).</li> <li>➤ Time based health assessment (GP Practices)</li> </ul> 8. % of key stakeholders that value GCML engagement.			
<b>Expected outcome</b>	<ul style="list-style-type: none"> <li>• To increase access to developmental screening for children under 5 years with a target of an additional 2,500</li> </ul>			

	<p>episodes of PEDS screening</p> <ul style="list-style-type: none"> <li>• To increase successful referral to primary care services and early childhood development services, where required.</li> <li>• To increase education and capability of parents and childhood providers to identify developmental delay and seek appropriate and timely health and support services.</li> <li>• Increased access to support for General Practice regarding early childhood development issues and referral options</li> <li>• To improve co-ordinated and integrated care for children with developmental delay across agencies and service providers.</li> <li>• To improve access to Speech Pathology for those most in need via the implement and trial of Speech Pathology student clinics.</li> </ul>
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3		SO	KRA	FP
<b>ACTIVITY NAME</b>	HealthyGC Plus - Primary care services available to vulnerable and disadvantaged at St John's Drop-In-Centre	3		21.1
<b>IDENTIFIED NEED</b>	Socioeconomic disadvantage, Workforce shortage			
<b>STRATEGY</b>	<p><b><u>GCML Strategies</u></b></p> <p>1. Promoting a shift in our communities and services to health risk reduction, good health and early intervention.</p> <p>4. Strengthen the role of individual consumer/careers groups and their ability to influence their health.</p>			
<b>DURATION</b>	1 July 2014			
	30 June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc.- \$99,842			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 1.6%			



<b>Description</b>	<p>HealthyGCPlus” is a medical/health consultation program for disadvantaged, homeless and vulnerable clients visiting “St John’s Drop-In-Centre”. Many of these clients do not seek medical attention due to self-esteem/confidence/mental health issues. Originally submitted under the Innovation Grants process initial alterations and additional equipment to accommodate the proposed services (such as flexible partitions, hand washing facilities etc) are currently being implemented.</p> <p>A range of primary care services are being established in stages commencing with podiatry services to be delivered on site at St Johns Drop-in-Centre by students from Southern Cross University with appropriate clinical oversight. GCML has already confirmed with Southern Cross University for the delivery of podiatry services for the initial period commencing June 2014 to December 2014 from innovation grants. This will be continued to June 2015.</p> <p>General Practitioners are being recruited to provide weekly clinics on site with dedicated staff to provide logistical support to health providers and to facilitate and support clients to link to other services as required. Discussions with General Practitioners who have expressed an interest are already well advanced.</p> <p>Other services will be identified and delivery negotiated as the project progresses with Mental health supports and dental being identified priorities.</p>
<b>Type of activity</b>	Service delivery
<b>Region</b>	Based in Surfers Paradise
<b>Sector</b>	Community and range of service providers including university student clinical placements
<b>Service Provision</b>	In-House & Subcontracting
<b>Performance information</b>	<p>4. % increase in access to services for:</p> <ul style="list-style-type: none"> <li>➤ Homeless</li> </ul> <p>8. % of key stakeholders that value GCML engagement.</p>
<b>Expected outcome</b>	<p>Homeless and disadvantaged people will be able to access a priority primary health care services</p> <p>Improved health status for consumers attending program</p> <p>Improved placement opportunities for podiatry students (identified area workforce shortage)</p>

4		SO	KRA	FP
<b>ACTIVITY NAM</b>	Immunisation	4		21.1
<b>IDENTIFIED NEED</b>	Immunisation			
<b>STRATEGY</b>	<p><b><u>GCML Strategies</u></b></p> <p>3. Improve access to primary health care services and strive to eliminate difference in health status and meet local need.</p>			
<b>DURATION</b>	1 July 2014			

	30 June 2015
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc. - \$274,810
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 4.4%
<b>Description</b>	<p><b>Target Population 0-7 years</b>  GPII vaccination rates for GCML currently recorded at 89%. With changes implemented in May 2013 to the immunisation incentive scheme and the continuing changes to the schedule ongoing assistance is required to support primary care to reach targets. Service Components include;</p> <ul style="list-style-type: none"> <li>• Practice Support <ul style="list-style-type: none"> <li>○ Telephone</li> <li>○ Face to face</li> <li>○ Resources</li> </ul> </li> <li>• Quarterly performance monitoring including feedback to practices</li> <li>• Education programs <ul style="list-style-type: none"> <li>○ Back to Basics</li> <li>○ Catch up schedule</li> </ul> </li> <li>• Engagement and collaborative working with local Immunisation activities including Public Health unit, school based programs, Close the Gap and community activities</li> <li>• Analysis and reporting on immunisation data in partnership with Queensland Health and City of Gold Coast</li> </ul> <p><b>Target population Year 8 male and female students</b>  Consent form data measured includes HPV, dTpa and chicken pox for Year 8.  Two existing and two new schools with the lowest rates will be engaged in the program in 2015.</p> <p>The School based vaccination program Service Components include;</p> <ul style="list-style-type: none"> <li>• Direct mailing of consent forms to parents with stamped addressed envelope for return</li> <li>• Marketing and Advertising through: <ul style="list-style-type: none"> <li>○ HPV posters</li> <li>○ HPV radio jingle (wider GC population)</li> </ul> </li> <li>• Website promotion on Healthy GC and editorial/radio interviews</li> <li>• Face to face contact with students and families</li> </ul> <p><i>Other strategies will be considered for inclusion once evaluation of 2013/14 program is completed</i></p>
<b>Type of activity</b>	Education & Information, Workforce Support. Early Intervention, maintain enhance existing services
<b>Region</b>	Regions within Gold Coast Medical Local area.

<b>Sector</b>	Early Years, GP, Education (High School), City of Gold Coast
<b>Service Provision</b>	In-House; Sub-contract (Admin support schools)
<b>Performance information</b>	2 % Increase in immunisation rates for 0-7 & HPV. 7. % of primary health staff that have enhanced their skills and knowledge. 8. % of key stakeholders that value GCML engagement.
<b>Expected outcome</b>	<p><b>0-7 years</b></p> <ul style="list-style-type: none"> <li>maintain and improve vaccination rates to 90%</li> <li>number of primary health care staff that have undertaken further training in immunisation</li> <li>increase capacity of the Child care workforce to promote childhood vaccinations</li> </ul> <p><b>School based vaccination program</b></p> <ul style="list-style-type: none"> <li>Increase the number of schools participating in program</li> <li>Increase the return rate of consent forms for the School Based Vaccination Program in the participating schools</li> <li>Increase in the vaccination completion rates of students in participating schools for Phase 2 in 2013/14 (data available March 2015)</li> </ul>

5		SO	KRA	FP
<b>ACTIVITY NAME</b>	Refugee Health	3		21.1
<b>IDENTIFIED NEED</b>	CALD and refugee			
<b>STRATEGY</b>	<p><b>GCML Strategies</b></p> <p>1. Promoting a shift in our communities and services to health risk reduction, good health and early intervention. 4. Strengthen the role of individual consumer/careers groups and their ability to influence their health.</p>			
<b>DURATION</b>	1 July 2014			
	30 June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc. - \$164,079			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15– 2.6%			
<b>Description</b>	<p>Through this service General Practice's capacity to provide effective services to refugee health will be increased. The service will be ensuring all refugees on the Gold Coast get access to;</p> <ul style="list-style-type: none"> <li>Health Assessments,</li> <li>Chronic disease management</li> <li>Early intervention and</li> </ul>			

	<ul style="list-style-type: none"> <li>• Immunisations.</li> </ul> <p>The Service Components are;</p> <ul style="list-style-type: none"> <li>• Intensive engagement with four General Practices in the refugee settlement area</li> <li>• Education and training for all staff in the practices</li> <li>• Leadership to the practices by an exemplar practice to mentor other practices</li> <li>• “Refugee Ready” Education program including; <ul style="list-style-type: none"> <li>○ Refugee Health Process,</li> <li>○ Cultural Competence,</li> <li>○ Mental Health,</li> <li>○ Accessing an Interpreter</li> </ul> </li> <li>• Provision of targeted Resources including Desktop Guide, printed and online materials</li> <li>• Enhancement of connections and pathways across the Refugee Health service provider’s network on the Gold Coast.</li> <li>• Implement referral pathways for General Practices to key Refugee Health service</li> <li>• Register refugee clients with an eHealth record</li> <li>• Assist access to Facilitate Service Navigation for refugee clients</li> <li>• Assist access to Interpreter Services</li> </ul>
<b>Type of activity</b>	Education & Information, Maintain/enhance existing services, Workforce Support.
<b>Region</b>	Regions within Gold Coast Medical Local area.
<b>Sector</b>	GP, Refugees
<b>Service Provision</b>	In-House & Subcontracting
<b>Performance information</b>	<p>4 % increase in access to services for target groups</p> <p>7. % of primary health staff that have enhanced their skills and knowledge.</p> <p>8. % of key stakeholders that value GCML engagement.</p>
<b>Expected outcome</b>	<ul style="list-style-type: none"> <li>• Improved clinical outcomes for refugee</li> <li>• Improved refugee understanding of primary health care sector</li> <li>• Increase utilization of General Practices by refugee</li> <li>• Increase referral rates from general practice to refugee health services</li> <li>• Increase utilization of interpreter services</li> </ul>

	<ul style="list-style-type: none"> <li>• Increase utilization of community health and support services for the refugee community and individuals</li> <li>• Evidence of Refugee Ready resources and service pathways</li> <li>• Increase number of refugees with an eHealth record</li> </ul>
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6		SO	KRA	FP
<b>ACTIVITY NAME</b>	After Hours	1		21.1
<b>IDENTIFIED NEED</b>	After hours services			
<b>STRATEGY</b>	<b>GCML Strategies</b> 2. Improve the Patient Journey through developing integrated and co-ordinated care.			
<b>DURATION</b>	Ongoing			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc - \$1,351,387			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 21.7%			
<b>Description</b>	To continue to improve coordination and integration of after-hours primary health care services to targeted areas of need. The GCML target areas of need are; <ul style="list-style-type: none"> <li>• geographical locations with historically low utilisation and/or access to after hours services</li> <li>• palliative care patients, specifically targeting those in the end of life phase.</li> <li>• chronic disease and frail aged patients at high risk of hospital admissions including those with chronic obstructive pulmonary disease. (this services adds a 24 hour service access to a joint Gold Coast Health &amp; GCML initiative “ Winter Wellness” implemented in 2012 targeting high risk COPD patients resulting in a reduction of hospital admission by 25% for this cohort as well as reduction on average length of admission)</li> </ul> GCML will continue to fund a range of service providers to deliver after hours care which includes the following range of service components; <ul style="list-style-type: none"> <li>• extended and after hours general practice clinics</li> <li>• medical deputizing services (clinic and home visiting services)</li> <li>• after nursing home visiting (including residential care facilities)</li> <li>• extended hours pharmacy</li> <li>• 24 hour access to on call general practice, as required</li> <li>• provision of medication by after- hours medical deputizing , as required</li> <li>• 24 hour turnaround on reporting back from after-hours provider to patient’s usual general practitioner</li> </ul>			

<b>Type of activity</b>	Maintain/enhance existing services.
<b>Region</b>	Gold Coast Medical Local Area.
<b>Sector</b>	GP, Pharmacy, nursing, General Community, frail aged, chronic disease and palliative care patients
<b>Service Provision</b>	Subcontracting
<b>Performance information</b>	3. % reduction in potentially avoidable hospital admissions for older people (over 65 year) and those with high and complex health needs 5. % increased access to services for targeted groups 8. % of key stakeholders that value GCML engagement.
<b>Expected outcome</b>	<ul style="list-style-type: none"> <li>• Increase in Provision of after- hours services                             <ul style="list-style-type: none"> <li>• Extend hours and after hours general practice, target 510 hours = 81,868 occasions of service</li> <li>• Medical deputizing services target geographic areas of need</li> <li>• Pharmacy hours, target 7, 700 services per annum</li> <li>• Nursing visits</li> <li>• Medication provision</li> </ul> </li> <li>• Reduction in avoidable hospital admissions</li> <li>• Improved clinical and quality of life outcomes for high risk patients</li> <li>• Improved continuity of care between after- hours services and patients general practitioner</li> <li>• Improved communication and integration between service providers ( 24 hour)</li> </ul>

7		SO	KRA	FP
<b>ACTIVITY NAME</b>	Primary Health Care Improvement	1,2,4		21.1
<b>IDENTIFIED NEED</b>	Screening and risk assessment Ageing Overweight obesity Avoidable hospital admissions Coordination integration HHS			
<b>STRATEGY</b>	<u><b>GCML Strategies</b></u> 2. Improve the Patient Journey through developing integrated and co-ordinated care. 3. Improve access to primary health care services and strive to eliminate difference in health status and meet local need. 5. Provide support to clinicians and service providers to improve patient care. 6. Developing a sustainable and skilled workforce.			
<b>DURATION</b>	July 2014			

	June 2015
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc - \$734,558
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 - 11.8%
<b>Description</b>	<p>GCML has decided to link together a number of its existing successful activities into an overall quality improvement program across the primary care sector including general practice, allied health, residential care facilities and community care providers. There are currently 50 General Practices, and 20 Allied Health Practices involved in this project. Clinical data is reported for 8,000 patients. The program will primarily target;</p> <ul style="list-style-type: none"> <li>• Aged Care;</li> <li>• Those with high and complex needs;</li> <li>• Those with or at risk of chronic disease;</li> </ul> <p>The Continuous Quality Improvement (CQI) program in 2014/15 will include the following suite of activities;</p> <ul style="list-style-type: none"> <li>• Increasing use of the health screening tool;</li> <li>• Integrated care pathways for patients with Chronic Obstructive Pulmonary Disease (as a trial for implementation across all Chronic Disease populations);</li> <li>• Quality Clusters across general practice and allied health service provider to facilitate improved business systems and clinical outcomes for their patients;</li> <li>• Target education &amp; training for general practice and allied health staff</li> <li>• Increase Health Assessments</li> </ul> <p>Implementation of the these activities has already demonstrate increased performance against clinical indicators in outcomes within participating practices throughout 2013/14 and has provided valuable insights and learning in overcoming barriers and gaps as they have arisen.</p> <p>GCML determined that there are significant advantages to GCML and participating practices by implementing a comprehensive suite of activities across the sector opposed to separate activities: These include:</p> <ul style="list-style-type: none"> <li>• Optimising business practice and clinical patient outcomes</li> <li>• Improving efficiency for both a GCML and participating practice perspective</li> <li>• Increasing sustainability</li> </ul> <p><b>General Practice Liaison Officer (GPLO)</b></p> <p>Chronic Disease and COPD under this activity will require input from the GPLO Team (jointly funded by the local Health and Hospital Service and GCML). This team will provide input into:</p> <ul style="list-style-type: none"> <li>• Electronic communications</li> <li>• Referral templates and pathways</li> </ul>

	<ul style="list-style-type: none"> <li>• Data access</li> </ul> <p><b>Aged Care</b> A large proportion of this target group under Chronic Disease and COPD will be older members of the community residing at home or in aged care facilities. Activities will include:</p> <ul style="list-style-type: none"> <li>• Care coordination and service navigation</li> <li>• Support of residential aged care staff by increasing capacity and providing education &amp; training</li> </ul>
<b>Type of activity</b>	Workforce Support, Education & information/Training, Maintain/enhance existing services.
<b>Region</b>	Regions within Gold Coast Medical Local area.
<b>Sector</b>	Primary Health Care Sector, GCH&HS, Aged Care Sector, Private Allied Health.
<b>Service Provision</b>	In-house, sub-contracting
<b>Performance information</b>	<ol style="list-style-type: none"> <li>1. % increase in screening rates for:             <ul style="list-style-type: none"> <li>➤ Number of Time Based Health Assessments completed (GP Practices)</li> </ul> </li> <li>2. % increase in immunisation rates for:             <ul style="list-style-type: none"> <li>➤ Chronic disease – Fluvax and Pnuemovax</li> </ul> </li> <li>3. % reduction in potentially avoidable hospital admissions.</li> <li>4. % increase in access to services for targeted groups.</li> <li>6. % of patients with a reduction in specified clinical indicators.</li> <li>7. % of primary health staff that have enhanced their skills and knowledge.</li> <li>8. % of key stakeholders that value GCML engagement.</li> </ol>
<b>Expected outcome</b>	<p>The Continuous Quality Improvement program to 50 General Practices and 20 Allied Health practices will achieve ;</p> <ul style="list-style-type: none"> <li>• Demonstrated clinical improvement for patients</li> <li>• Increased practice business capability</li> <li>• Enhance clinical and service knowledge in target areas</li> <li>• Improve referral and use of clinical pathways with primary health care and across broader health sector</li> <li>• Improve integrated care for patients with high and complex needs</li> <li>• Improved data collection, analysis, and reporting to facilitate changes in business systems of models of service delivery.</li> </ul> <p>It will also;</p> <ul style="list-style-type: none"> <li>• Build consumer capacity to navigate the health system</li> <li>• Enhance patients self-management capacity</li> </ul>



	<ul style="list-style-type: none"> <li>• Improve clinical outcomes for target patient groups.</li> </ul> <p><b>GPLO</b></p> <ul style="list-style-type: none"> <li>• Reduction in secondary care utilisation             <ul style="list-style-type: none"> <li>○ Emergency department attendances</li> <li>○ Emergency department admissions</li> <li>○ New and review outpatient utilisation</li> <li>○ Outpatient waitlists</li> </ul> </li> <li>• Increase in number electronic discharges to GP within 24 hours of discharge.</li> </ul>
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8		SO	KRA	FP
<b>ACTIVITY NAME</b>	Persistent Pain	3, 4		21.1
<b>IDENTIFIED NEED</b>	Persistent Pain			
<b>STRATEGY</b>	<p><b><u>GCML Strategies</u></b></p> <ol style="list-style-type: none"> <li>1. Promoting a shift in our communities and services to health risk reduction, good health and early intervention</li> <li>3. Improve access to primary health care services and strive to eliminate difference in health status and meet local need.</li> <li>4. Strengthen the role of individual consumer/carers groups and their ability to influence their health.</li> </ol>			
<b>DURATION</b>	1 July 2014			
	30 June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc - \$245,545			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 3.9%			
<b>Description</b>	<p>The aim of the Persistent pain service is to identify and support self-management strategies that improve care of patients with persistent pain. Service Components include:</p> <ul style="list-style-type: none"> <li>• Turning Pain into Gain patient self-management education program (monthly)</li> <li>• Individual patient assessment including identification of health care needs, support to navigate to appropriate service providers and recommendations to the patient’s GP.</li> <li>• Advanced allied health services (based on revised eligibility criteria)</li> <li>• Allied health and general practice education.</li> <li>• One Day Refresher workshops at 3 months and 6 months post program.</li> <li>• Case conferencing between allied health and GP</li> <li>• Mindful chronic disease walking group</li> </ul>			

	Over 200 patients are currently enrolled in the program. Proposed service enhancements 2014/15 will include exploring opportunity for new collaborations with Indigenous Health care providers to deliver program and increasing the number of patients and providers participating. The service provider is an active participation by Persistent Pain Advisory Group
<b>Type of activity</b>	Workforce Support, Education & information, Consumer Capacity Building.
<b>Region</b>	Regions within Gold Coast Medical Local area.
<b>Sector</b>	Primary Health Care Sector, Consumers within Chronic Persistent Pain
<b>Service Provision</b>	Subcontracting
<b>Performance information</b>	<p>4. % increase in access to services for target groups:</p> <ul style="list-style-type: none"> <li>➤ Older people</li> <li>➤ Aboriginal and Torres Strait Islanders</li> <li>➤ People with high and complex health needs</li> </ul> <p>5. % of patients managing their own health and wellbeing.</p> <p>7. % of primary health staff that have enhanced their skills and knowledge.</p> <p>8. % of key stakeholders that value GCML engagement.</p>
<b>Expected outcome</b>	<ul style="list-style-type: none"> <li>• Increase referrals to Turning Pain into Gain program</li> <li>• Increase participation by indigenous health care providers to deliver pain program.</li> <li>• Improved outcomes for patients including patient experience and quality of life.</li> <li>• Increase knowledge and education of GPs and Allied Health Professional in chronic pain management.</li> <li>• Increasing number of patients access follow up program (target 50)</li> <li>• Increasing number of patients accessing pain program (target 100).</li> <li>• Improved patient, carer and family access to information and education.</li> </ul>

9		SO	KRA	FP
<b>ACTIVITY NAME</b>	Service Directory	1, 4		21.1
<b>IDENTIFIED NEED</b>	Access to information			
<b>STRATEGY</b>	<p><b>GCML Strategies</b></p> <p>2. Improve the Patient Journey through developing integrated and co-ordinated care.</p> <p>3. Improve access to primary health care services and strive to eliminate difference in health status and meet local need.</p>			
<b>DURATION</b>	1 July 2014			
	30 June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc - \$130,820			

	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 2.1%
<b>Description</b>	GCML will continue to host, market and maintain a web portal featuring a service directory and online network for key communities of interest to increase awareness of services available and improve collaboration between services
<b>Type of activity</b>	Maintain/enhance existing services, Education & information, Capacity Building.
<b>Region</b>	Regions within Gold Coast Medical Local area.
<b>Sector</b>	Whole Community
<b>Service Provision</b>	In-house
<b>Performance information</b>	8. % of key stakeholders that value GCML engagement.
<b>Expected outcome</b>	<ul style="list-style-type: none"> <li>• Provision of comprehensive listing of primary health care service provider including social, support, self-help and self-management across the Gold Coast.</li> <li>• Provision of Customized listings for Telephone &amp; Online Services.</li> <li>• Increase access to service information for consumers and service providers.</li> </ul>

10		SO	KRA	FP
<b>ACTIVITY NAME</b>	Hospital Avoidance and Integrated Care	1,2,4		21.1
<b>IDENTIFIED NEED</b>	Screening and risk assessment Ageing Overweight obesity Avoidable hospital admissions Coordination integration HHS			
<b>STRATEGY</b>	<u><b>GCML Strategies</b></u> 2. Improve the Patient Journey through developing integrated and co-ordinated care. 3. Improve access to primary health care services and strive to eliminate difference in health status and meet local need. 5. Provide support to clinicians and service providers to improve patient care. 6. Developing a sustainable and skilled workforce.			
<b>DURATION</b>	July 2014			
	June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc - \$1,172,033			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 18.8%			
<b>Description</b>	GCML and the Gold Coast Health Service (GCHS) are committed to reducing presentations to the emergency department, improving capacity of specialist outpatients and decreasing admission rates by implementing an			

integrated care delivery system that provides coordinated care, holistic assessment and clinical management of patients with complex and comorbid conditions. It requires substantive support to general practice and patient engagement. This is a culmination of 12 month joint planning and will establish a national best practice for seamless service delivery. It has the support of Queensland Health, both Boards and senior clinicians from both the secondary and primary care sectors who have been involved in the design. GCHS is committing \$ 8.5 million to this service in 2014/15. GCML has agreed to commit \$1.172m.

The service is targeting high risk patients such as the aged and those with chronic, complex and comorbid conditions such as diabetes, chronic obstructive pulmonary disease, renal and cardiac disease.

The joint service includes the following key service components;

- Care co-ordination hub;
- A centre for service provision (eg holistic clinics, rapid access to home services)
- Management of a contact centre for patient and clinicians;
- Provision of system navigation services including co-ordination of a team “Care Co-coordinators” and online service directory.
- Management and maintenance of information and communication technology including integrated information system for patient management
- Remote monitoring
- Education and training packages and support for patients and their families, GCHS staff, GP and others in the system
- Management of service agreements and contract with providers.

GCML is providing the following service components;

- Joint clinical and corporate governance;
- Identification, risk stratification and enrollment of patients according to their diseases and level of care required;
- Joint Implementation of integrated care pathways and electronic shared care plans ;
- Provision of system navigation including Care Coordination and Service Directory;
- Joint management of information technology and communication system;
- Coordination of change management, education, training and support programs for;
  - General practices and allied health;
  - Residential and community care sector; and

	<ul style="list-style-type: none"> <li>○ Patients and their families.</li> <li>● Management of service agreement and contract with primary care sector;</li> </ul> <p>This service builds on long standing foundation of collaboration, partnership and trust between the primary care sector, Gold Coast Health Service and broader community sector who are all committed to making this service a success. GCML will develop a comprehensive transition plan to Primary Health Networks with GCHS.</p>
<b>Type of activity</b>	Workforce Support, Education & information/Training, Maintain/enhance existing services.
<b>Region</b>	Regions within Gold Coast Medical Local area.
<b>Sector</b>	Primary Health Care Sector, GCH&HS
<b>Service Provision</b>	In-house, sub-contracting
<b>Performance information</b>	<ol style="list-style-type: none"> <li>1. % increase in screening rates for: <ul style="list-style-type: none"> <li>➤ Number of Time Based Health Assessments completed (GP Practices)</li> </ul> </li> <li>2. % increase in immunisation rates for: <ul style="list-style-type: none"> <li>➤ Chronic disease – Fluvax and Pnuemovax</li> </ul> </li> <li>3. % reduction in potentially avoidable hospital admissions.</li> <li>4. % increase in access to services for targeted groups.</li> <li>6. % of patients with a reduction in specified clinical indicators.</li> <li>7. % of primary health staff that have enhanced their skills and knowledge.</li> <li>8. % of key stakeholders that value GCML engagement.</li> </ol>
<b>Expected outcome</b>	<ul style="list-style-type: none"> <li>● Increase in primary health care utilisation</li> <li>● Improved primary health care business performance</li> <li>● Reduction in secondary care utilisation <ul style="list-style-type: none"> <li>○ Emergency department attendances</li> <li>○ Emergency department admissions</li> <li>○ New outpatient utilisation</li> <li>○ Review outpatient utilisation</li> <li>○ Decrease in average length of stay.</li> </ul> </li> <li>● Increase patient experience and satisfaction</li> <li>● Increase clinician experiences and satisfaction</li> </ul>

11		SO	KRA	FP
<b>ACTIVITY NAME</b>	Corporate Services	3, 5		21.1
<b>IDENTIFIED NEED</b>				
<b>STRATEGY</b>	<b>GCML Strategies</b> 7. Developing capability to support a high performing, quality, accountable organisation. 8. Leading improvement through planning and partnerships.			
<b>DURATION</b>	1 July 2014			
	30 June 2015			
<b>RESOURCING</b>	Indicative funding for this financial year (2014/15) GST exc - \$1,263,227			
	Percentage of Indicative funding allocation to this activity compared to total 21.1 funding for 2014-15 – 20.3%			
<b>Description</b>	Maintain and enhance internal capacity and performance across the GCML to meet strategic objective and key performance indicators. In 2014/15 the GCML will be focusing on <ul style="list-style-type: none"> <li>• Enhancing its needs assessment and service planning capability</li> <li>• Detailed data analysis, service mapping and utilisation analysis will assist in the roll out and performance monitoring of the joint integrated delivery system between Gold Coast Health and general practice.</li> <li>• Ensuring the improved patient experience and patient satisfaction are at the forefront of all service delivery</li> <li>• Ensuring high quality commissioning, monitoring and evaluation of service agreements.</li> <li>• Report on key performance measures of all projects and service agreements as efficiently as possible. Overall the aim is to move from process and structural indicators to outcome indicators.</li> <li>• Sustaining a rigorous quality improvement plan that ensures continuous quality improvement across all GCML corporate functions.</li> </ul>			
<b>Type of activity</b>	Financial and administrative support, Workforce Support, Organisational Support, maintains and enhances Corporate Functions.			
<b>Region</b>	Gold Coast Region			
<b>Sector</b>	Primary Health Care Sector and Community			
<b>Service Provision</b>	In house			
<b>Performance information</b>	8. % of key stakeholders that value GCML engagement. 9. % of staff satisfied with the corporate functions that support the achievement of KPIs.			
<b>Expected outcome</b>	<ul style="list-style-type: none"> <li>• Maintain and enhance strong partnerships and sector engagement to ensure effective change at health system and service delivery level.</li> <li>• Ensure refinement of service development to maximize patient outcomes</li> </ul>			

	<ul style="list-style-type: none"><li>• Increase efficiency of Corporate reporting functions to Board and Funders</li><li>• Improve data collection, analysis, reporting and evaluation of all activities</li><li>• Enhance leadership, project management, service development and commissioning capability and skills across GCML internal workforce</li><li>• Increase efficiency and effectiveness of all Corporate functions</li><li>• Maintain and enhance continuous quality improvement plan.</li></ul>
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## Risk Management Plan

Risk	Likelihood of risk (Low, Unlikely, Possible, Likely, Almost Certain)	Consequence of risk (Provide a brief example of the consequence)	Risk Rating (Low, Medium, High, Extreme)	Mitigation Strategy *
Decrease in level of investment in existing services/programs	Possible	Major	High	Implementation of contingency plans as part of 2014/15 planning cycle with clear actions plans for various scenarios dependant of outcomes of annual planning process and DOH approvals. Develop plans to transition services to PHNs.
Sustaining and maintaining Stakeholder Engagement	Possible	Major	High	Stakeholder engagement KPI to be used across all projects Stakeholder engagement support across projects from PACE team
Significant changes in objectives and level of funding. Natural disaster	Possible	Major	High	A Business Continuity Plan and Disaster Recovery Plan to be documented, implemented and tested to ensure that business continuity arrangements are planned for and activated when required, particularly for direct health service delivery clients.
Capacity to sustain effective quality and business improvement	Unlikely	Catastrophic	High	Significant investment of time, financial and human resource have been allocated to meet the MLAS to ensure the policy and legislative responses by GCML are responsive to a dynamic political and legislative environment. Internal auditing will be conducted to ensure compliance to existing policies and obligations particularly for workplace health and safety, clinical service delivery, and information privacy management and security.
Loss of reputation and confidence in the ML's	Possible	Major	High	Develop effective communication plan and tailored messages for key stakeholders. Develop a ML company structure that value adds and addresses gaps in the service sector as opposed to duplicating existing functions. Recognised service gaps to be included as ML key roles include Population health and planning, Service development and commissioning community engagement and partnering clinical governance and quality complete
Sustaining funding or resourcing to respond to local need	Possible	Major	High	Work in partnership with other organisations to identify opportunities for other organisations to take a lead on or contribute to projects Seek alternative funding sources via competitive tendering opportunities
Risk of stress and low performance of ML staff related to sector change and lack	Likely	Moderate	High	Implementation of Employee Assist program from 10th March. Clear and prompt communication



<b>Risk</b>	<b>Likelihood of risk (Low, Unlikely, Possible, Likely, Almost Certain)</b>	<b>Consequence of risk (Provide a brief example of the consequence)</b>	<b>Risk Rating (Low, Medium, High, Extreme)</b>	<b>Mitigation Strategy *</b>
of employment security.				