SERVICE COORDINATION (referral & feedback and/or multidisciplinary care planning)
WITH GENERAL PRACTICE
2005/2006 SMALL GRANTS GUIDELINES

The Primary Health Branch of the Department of Human Services has a limited pool of one off funds available in 2005/2006 for small scale projects to support General Practice engagement.

General Practice Division(s) in partnership with PCP(s) are invited to apply for non-recurrent funding of up to $20,000 to build on work already underway with General Practice in relation to implementation of Service Coordination. The focus of this funding round is referral and feedback and/or multidisciplinary care planning and in particular, strategies which better link Community Health Service clients with their GPs.

The key goals of the Small Grants funding are to:

1. Improve referral and feedback processes between General Practice and other service providers (including support for the use of the [soon to be revised] Victorian Summary and Referral Form[1]) and/or

2. Improve multidisciplinary care planning processes between General Practice and other service providers (including support for the use of the [soon to be revised] Victorian Summary and Referral Form).

Key objective relating to Referral and Feedback is to:

- Demonstrate successful approaches to implementation of Service Coordination, referral and feedback in General Practice, in particular strategies which better link Community Health Service clients with their GPs.

Key objectives relating to Multidisciplinary Care Planning are to:

- Develop the interface between multidisciplinary care planning available through General Practice (in particular strategies which better link Community Health Service clients with their GPs) and the interagency/multidisciplinary care planning that is done by other service providers (such as primary health and HARP chronic disease management);

- Develop and pilot service models that enable General Practice and other service providers to undertake multi-disciplinary care planning in an effective and sustainable way. These service models should learn from current work & the present environment, including:
  - Care planning protocols (such as; North and West Region care planning project – Call Kim Marr for further information on 96168829 and Hume Region lead agency practice model, http://www.health.vic.gov.au/pcps/publications/hacc.htm)
  - New MBS rebateable services available within General Practice for care planning http://www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-programs-epc-chronicdisease
  - Local Service Coordination manuals (Practices, Protocols, Processes & Systems – PPPS manuals) http://www.health.vic.gov.au/pcps/publications/ppps.htm

- Enable articulation and clarification of the roles and tasks of participants in multidisciplinary care planning;

- Contribute to the development of local and statewide PPPS documentation that supports General Practice participation in multi-disciplinary care planning.

For Referral and Feedback successful projects would be expected to:

- Demonstrate activity already occurring with General Practice relating to implementation of Service Coordination on which the project would build;
- Support the use of the Victorian Statewide Referral Form in general practice settings in the context of local protocols and/or local electronic messaging systems for referral and feedback;
- Demonstrate an approach which builds capacity, is sustainable and could be transferable to other PCPs/ Divisions of General Practice;
- Describe how the proposal will link with and compliment existing work locally e.g. the Early Intervention in Chronic Disease in Community Health Services initiative, the *Go for Your Life* Diabetes Prevention program and/or the HARP Chronic Disease Management Program.
- Produce a case study describing the approach and outcomes that could be used as a model by other PCPs/Divisions; and/or

[1] The revised Victorian Statewide Referral Form will be available for use in late February/March 2006

For Multidisciplinary Care Planning successful project would be expected to:

- Demonstrate activity already occurring with General Practice relating to implementation of Service Coordination on which the multidisciplinary care planning-focused project would build;
- Demonstrate an approach to multidisciplinary care planning which builds capacity, is sustainable and could be transferable to other PCPs/Divisions of General Practice.
- Describe how the proposal will link with and compliment existing work locally e.g. the Early Intervention in Chronic Disease in Community Health Services initiative, the *Go for Your Life* Diabetes Prevention program and/or the HARP Chronic Disease Management program.
- Produce a case study describing the approach, any protocol documentation and outcomes that could be used as a model by other PCPs/Divisions of General Practice.

In addition all successful projects would be expected to:

- Develop and submit a work plan that has been agreed to by the division and PCP partners following funds allocation;
- Implement and evaluate the project within 12 months;
- Participate in meetings as necessary with representatives from DHS and GPDV;

The project should be completed within 12 months of funding.

Selection Criteria

The criteria which will be used to select successful proposals are as follows:

- Proposal includes strategies for improving integration between General Practice and Community Health Services.
- Project plan includes tasks that are manageable within the timelines and the budget is within the specified limit for the project.
- Project plan covers activity that aligns with and build on the local Service Coordination manuals (Practices, Protocols, Processes & Systems – PPPS manuals)
- A brief plan for robust evaluation is included.
- Proposal outlines an approach that builds capacity, is sustainable and could be transferable to other PCPs/Divisions of General Practice.
- Proposals describe how the work will link with and complement existing local activity e.g. the Early Intervention in Chronic Disease in Community Health Services initiative, the *Go for Your Life* Diabetes Prevention program and/or the HARP Chronic Disease Management Program.

Applications close by 12midday 7th February 2006

Please limit the proposal to no more than 5 pages in length and return completed proposal to Julie Jenkin via email to: julie.jenkin@dhs.vic.gov.au

Note: the fund holder agency is expected to have a current FASA with DHS.

For further details please contact:

Julie Jenkin, Department of Human Services on telephone: 9616-7606 or email: julie.jenkin@dhs.vic.gov.au, or

Sonya Tremellen
General Practice Divisions Victoria on telephone: 9341 5205 or email: s.tremellen@gpdv.com.au

APPLICATION FORM FOR SERVICE COORDINATION (referral and feedback AND/OR multidisciplinary care planning) WITH GENERAL PRACTICE 2005/2006 - SMALL GRANTS

TITLE OF PROJECT:

NAME & TELEPHONE NUMBER (& EMAIL ADDRESS IF APPLICABLE) OF CONTACT PERSON FOR GRANT APPLICATION:

NAME OF FUND HOLDER FOR PURPOSES OF THE GRANT (*Please note: the fund holder agency must have a current FASA with DHS):*

ADDRESS OF FUND HOLDER:

The proposal should cover the following points:

1. **DESCRIBE THE MANAGEMENT AND IMPLEMENTATION ARRANGEMENTS AND RESPONSIBILIITIES FOR THE PROPOSED PROJECT:**

2. **PROVIDE A PICTURE OF ACTIVITY ALREADY UNDERWAY THAT IS DESIGNED TO INCREASE GP PARTICIPATION IN SERVICE COORDINATION (REFERRAL AND FEEDBACK) AND/OR IN MULTIDISCIPLINARY CARE PLANNING. THE SMALL GRANTS ARE INTENDED TO ASSIST PCPS/AGENCIES AND DIVISIONS TO EXTEND ACTIVITIES FOR WHICH SOME MOMENTUM AND COMMITMENT ALREADY EXISTS.**
   Prompt questions:
   Has the activity undertaken to date been supported through a funded project eg. DHS small grant, HARP, other short term funding source etc?
   Is there an existing committee or working group with a focus on GP engagement?
   Has the activity undertaken to date included planning, consultation etc?
   Has the activity undertaken to date included information dissemination, continuing professional development etc?
   Has the activity undertaken to date included implementation in General Practices?

3. **PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED PROJECT AND HOW YOUR PROPOSED PROJECT BUILDS ON THE EXISTING ACTIVITY:**

4. **DESCRIBE THE ACTIVITIES WHICH WOULD BE UNDERTAKEN AS PART OF THE PROPOSED PROJECT AND HOW THESE WOULD ACHIEVE THE OBJECTIVES OF THE SMALL GRANTS FUNDING ROUND, IN PARTICULAR:**

   - MAXIMISING THE NUMBER OF GPS, PRACTICE STAFF AND AGENCIES AND SERVICE PROVIRS PARTIOCIPATING IN LOCAL ACTIVITIES DESIGNED TO SUPPORT USE OF THE (SCTT) Victorian Statewide Referral Form by General Practice; and/or

   - DEVELOP SERVICE MODELS THAT ENABLE GENERAL PRACTICE AND OTHER SERVICE PROVIDERS TO UNDERTAKE MULTI-DISCIPPLINARY CARE PLANNING IN AN EFFECTIVE AND SUSTAINABLE WAY.

   - DESCRIBE HOW THE WORK WILL LINK WITH AND COMPLIMENT EXISTING LOCAL ACTIVITY E.G. THE EARLY INTERVENTION IN CHRONIC DISEASE IN COMMUNITY HEALTH SERVICES INITIATIVE, *GO FOR YOUR LIFE* DIABETES PREVENTION PROGRAM AND/OR THE HARP CHRONIC DISEASE MANAGEMENT PROGRAM.

5. **PROVIDE A BROAD PROJECT PLAN INCLUDING TIMELINES FOR YOUR PROPOSED PROJECT:**

6. **DESCRIBE THE IMPACTS EXPECTED FROM YOUR PROPOSED PROJECT INCLUDING REACH (eg. number of practices targeted, number of service providers targeted):**

7. **DESCRIBE HOW YOU PLAN TO MEASURE THE BENEFITS FROM YOUR PROPOSED PROJECT (i.e. evaluation plan):**

8. **PROVIDE A BUDGET OUTLINE FOR THE PROPOSED PROJECT:**

PLEASE EMAIL COMPLETED PROPOSALS TO JULIE JENKIN AT julie.jenkin@dhs.vic.gov.au
By 12 midday on 7th February 2006.