

Memorandum of Understanding

**Memorandum of Understanding
between SA Divisions
of General Practice,
Divisions of General Practice
and the South Australian
Department of Human Services**

With the rise in the number of elderly people in South Australia and the increase in the burden of chronic disease requiring ongoing long term care, the need for a more integrated health care system has become apparent. Recent evidence has highlighted clear benefits due to better integrated care, such as improved population outcomes, efficiency gains, increased patient satisfaction, reduced length of hospital stay and increased participation of patient/carer in care.¹

As an acknowledgment of the importance of integrated care in delivering a better health care system to South Australians, this Memorandum of Understanding has been developed to strengthen collaboration and partnership between general practice and the Department of Human Services.

Background

2.1 General Practice

General Practice has been experiencing a period of dramatic change. Major factors impacting on this include changing structures and a changing health system, the shift in medical education towards a more problem based approach, and the increasing desire of general practitioners for flexibility in working arrangements. Against this backdrop of change, General Practice continues to be at the heart of both the primary health care system and the health system overall. For many people, it is the first point of contact with the health care system, providing diagnosis and treatment of episodes of illness, continuity of care, delivering comprehensive care, and coordinating care within the community. General Practitioners act as gateways to the rest of the health care system due to their referrals to specialists, allied health professionals, hospital admissions, pathology and imaging.²

In addition, General Practitioners are now far more involved in a multidisciplinary team approach to the delivery of health care.

This is a developing profile and one where good relationships with State Government health providers and non-government providers are essential to success.

2.2 The Department of Human Services

The Department of Human Services was formed as part of a major restructuring of the public sector in South Australia integrating health, housing and community services. The Department aims to coordinate planning across the whole of the state, build links across government and partnerships with the South Australian community.

The Department of Human Services has key responsibility for developing and administering health policy in South Australia. It is responsible for operating, maintaining and improving a considerable part of the health services system such as public hospitals, community health, domiciliary care and a range of other health and community services.

The Department of Human Services is committed to fostering strong partnerships with a range of stakeholders to provide a coordinated response to human service needs with a focus on wellbeing,

illness prevention, safety, housing, early intervention and the provision of quality care.³

2.3 SA Divisions of General Practice Inc.

SA Divisions of General Practice is the support and coordination body for the fourteen Divisions of General Practice in South Australia. Its mission is to enhance health care outcomes by strengthening and coordinating the role of Divisions of General Practice in the health care system. It is a conduit and focal point for information between Divisions and State and Federal Government and an advocate for Divisions in health policy and planning, program development, implementation and evaluation.

2.4 Divisions of General Practice

Divisions of General Practice are a centre for the GPs of a locality to access support, skills, knowledge and information. Divisions provide opportunities for GPs to take on extended roles in general practice and to become more involved in policy, planning and local health services delivery.

The policy context

The mission of the Department of Human Services is to “provide access to services that enhance and protect the health, social wellbeing and quality of life of South Australians and to best allocate available resources.”

To assist in meeting the vision objectives, the Department of Human Services has a number of key strategic directions:

- Improving services for better outcomes
- Increasing the state’s capacity to promote quality of life
- Redistributing resources in a changing environment
- Strengthening a culture of working together
- Providing sound management

In addition, the Commonwealth and the State Government of South Australia have been in the process of developing a Bilateral Agreement in the form of a Memorandum of Understanding to establish greater collaboration within the Primary Health and Community Care framework. This agreement provides a clear foundation of shared government objectives for the specified duration of the Memorandum of Understanding. It

is also a vehicle to more strategically involve key stakeholders, including general practice and other relevant service providers.

The Memorandum of Understanding between the Department of Human Services and the Divisions of General Practice is compatible with the Bilateral Agreement between the Commonwealth and the State of South Australia.

Agreed principles

The Memorandum of Understanding is based on the following agreed principles:

- General Practice has a significant contribution to make in the planning, development and implementation of South Australian health services and in health policy development and evaluation.
- Collaboration between Divisions of General Practice, SA Divisions of General Practice and the Department of Human Services will focus on improving the health of South Australians.
- Collaboration between Divisions of General Practice, SA Divisions of General Practice and the Department of Human Services will focus on the role of carers and families in the delivery of patient care.

The Memorandum of Understanding

The Department of Human Services, the fourteen Divisions of General Practice in South Australia and SA Divisions of General Practice are committed to:

- Working collaboratively to develop a more integrated health care system to improve patient care.
- Involving general practitioners in the planning and development of health services at the local and state level.
- Involving general practitioners in the development and evaluation of health policy.
- Improving health system efficiencies (considering opportunities to measure and share).
- Identifying and building on examples of good practice.

To assist in achieving these aims, the parties involved in the Memorandum of Understanding have agreed to the following commitments:

1. The Department of Human Services, the fourteen Divisions of General Practice and SA Divisions of General Practice will develop a 2002 – 2003 Workplan by March 2002 to guide joint effort over

the next year. Parties agree to report against this Memorandum of Understanding and the Workplan in their Annual Reports.

2. The Department of Human Services, the fourteen Divisions of General Practice and SA Divisions of General Practice agree that key themes of the Workplan will be as follows:
 - Integrated Systems of Care (ie. between General Practice and Hospitals and between General Practice and other Primary and Community Care providers)
 - Population Health
 - Medical Workforce
3. All parties agree that further themes and priority areas to the Workplan must be considered and agreed by all of the parties in the Memorandum of Understanding.
4. All parties agree that Divisions of General Practice can choose specific areas from the Workplan as Divisional priorities, depending on local needs and requirements.
5. The Department of Human Services, the fourteen Divisions of General Practice and SA Divisions of General Practice agree to actively participate in a MoU Workplan Monitoring Group to ensure the requirements of the Workplan are met.

6. The Department of Human Services will provide executive support to the proposed MoU Workplan Monitoring Group.
7. The parties to this agreement acknowledge the need to protect the financial position of SADI and the Divisions of General Practice by ensuring grants are cash-flowed, so as to not confer financial burden.
8. The Department of Human Services, the fourteen Divisions of General Practice and SA Divisions of General Practice will develop an agreed framework of consultation to ensure general practice input into health policy and health service development is appropriate at the State and local levels, particularly in respect to the proposed "Generational" review of the Health system
9. All parties agree that specific collaborative effort at the state and regional level will come under the broad umbrella of this Memorandum of Understanding.

Signatories to the Memorandum of Understanding

The Department of Human Services, SA Divisions of General Practice and the fourteen Divisions of General Practice in South Australia are committed

to fulfilling the obligations of the Memorandum of Understanding.

Department of Human Services

SA Divisions of General Practice

Adelaide Central and Eastern Division of
General Practice

Adelaide Hills Division of General Practice

Adelaide North East Division of General Practice

Adelaide Northern Division of General Practice

Adelaide Southern Division of General Practice

Adelaide Western Division of General Practice

Barossa Division of General Practice

Eyre Peninsula Division of General Practice

Flinders and Far North Division of General Practice

Limestone Coast Division of General Practice

Mid North Rural SA Division of General Practice

Murray Mallee Division of General Practice

Riverland Division of General Practice

Yorke Peninsula Division of General Practice

Footnotes

¹ Achieving Effective Health Care Integration: The Essential Guide, 2000.

² General Practice: Changing the Future Through Partnerships 1998.

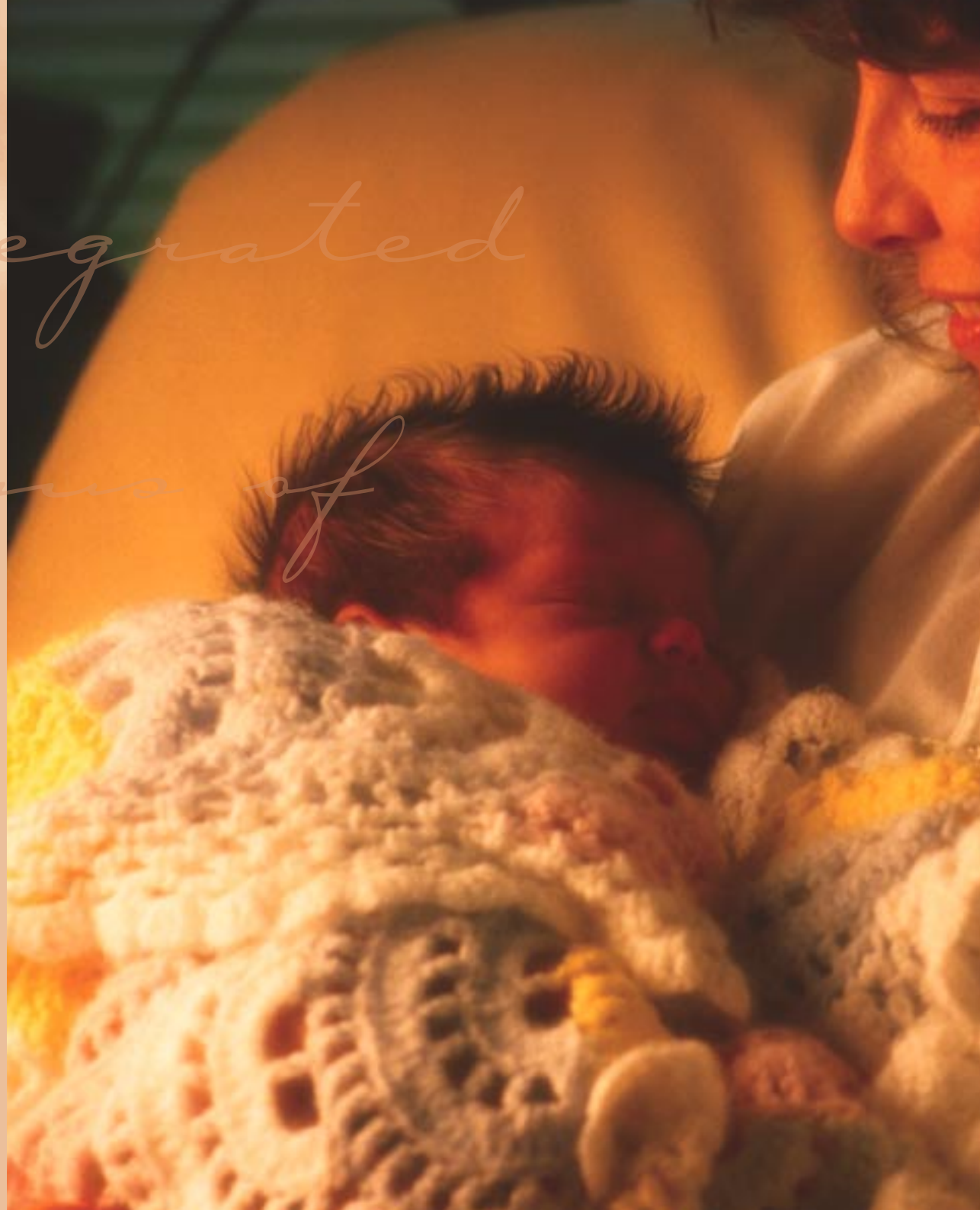
³ Department of Human Services Strategic Plan 1999 - 2002

Background	iii
The policy context	iv
Agreed principles	iv
The Memorandum of Understanding	iv
Theme 1 – Integrated Systems of Care	3
Theme 2 - Population Health	9
Theme 3 - Workforce Support	15
Theme 4 - Policy and Strategy Development	19
Monitored areas	23

Integrated Systems of Care

T H E M E 1

Integrated Systems of Care





GP Obstetric shared care

Early in 2003, SA Divisions of General Practice (SADI) received funding from the State Department of Human Services (DHS) to implement a state-wide framework for GP Obstetric Shared Care. This built on the valuable work already done in South Australia in the existing GP obstetric shared care programs and through the DHS Healthy Start Models of Care Work Group which 'agreed that a best practice model for GP Obstetric Shared Care be developed for South Australia'.

The objectives of the Obstetric Shared Care Program are to provide:

- ongoing and sustainable obstetric shared care services for women who wish to have antenatal and postnatal care provided by their GP with delivery at a public hospital;
- an ongoing accreditation program for GPs who wish to participate in an Obstetric Shared Care Program;
- appropriate data maintenance and evaluation of services to ensure equal or better than traditional hospital care, as evidenced by maternal and neonatal outcomes and patient and GP satisfaction surveys.

The Service Agreement between SADI and DHS for the GP Obstetric Shared Care Program was signed early in 2003 with the Program formally commencing in April 2003.

The GP Obstetric Shared Care Program has now been implemented in all five urban divisions and all five metropolitan public hospitals.

Project	Integration between allied health services, nursing and GPs
Goal	To ensure better integration between public funded allied health and nursing services and general practitioners.
Project approach	<p>Explore a planned approach to improving the integration between GPs and DHS-funded allied health and nursing services situated in the hospital or community setting.</p> <p>Explore the integration of Commonwealth funded initiatives through divisions (e.g. more allied health services) with DHS funded services, particularly in terms of sustainability.</p>
Liaison officers	<p>Leanne Head, Metropolitan Division, DHS</p> <p>Senior staff member, SADI</p> <p>Divisional GP Representative</p>
Stakeholders	Commonwealth Department of Health and Ageing
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	Position paper developed on how integration will look including the mapping of local initiatives towards integration.

Project	GP obstetric shared care
Goal	To promote and sustain a state-wide best practice program for Obstetric Shared Care involving South Australian public hospitals and Divisions of General Practice.
Project approach	<p>Provide ongoing and sustainable obstetric shared care services for women who wish to have antenatal and postnatal care provided by their GP with delivery at a public hospital.</p> <p>Provide an ongoing accreditation and Continuing Professional Development program for GPs who wish to participate in an Obstetric Shared Care Program.</p> <p>Ensure appropriate data maintenance and evaluation of services to ensure equal or better than traditional hospital care, as evidenced by maternal and neonatal outcomes and patient and GP satisfaction.</p> <p>Continue to explore, support and promote opportunities to measure and share in Obstetric Shared Care.</p>
Liaison officers	Executive Officer and Dr Diana Cox, GP Director (Obstetric Shared Care), SADI Administrative Coordinator, Adelaide Western Division Christine Andrews, Acute and Clinical Services, DHS
Stakeholders	Operations Group Divisional Obstetric Shared Care Reference Group GP Obstetric Shared Care Advisory Group
Monitoring & reporting	Through reports to the above three groups Brief quarterly reports to monitoring group
Performance indicators	As set out in the service agreement between SADI and DHS

Project	Mental Health
Goal	To expand and develop primary mental health care in South Australia.
Project approach	<p>Support the development, roll-out and implementation of the primary mental health care policy.</p> <p>Develop a coordinated approach to deliver appropriate care for people with high prevalence mental health disorders.</p> <p>Assist liaison between GPs and Mental Health Services to deliver appropriate care for people with high risk/low prevalence mental health disorders</p> <p>Monitor the development of pilot projects (e.g. National Suicide Prevention Project - Pathways to Care Phase 2) to trial assessment, intervention and follow up systems to improve services provided to people with mental health issues.</p>
Liaison officers	Primary Mental Health Care Development Officers, SADI Shelley Horne, DHS Divisional GP Representative
Stakeholders	<p>Mental Health Unit - DHS</p> <p>Mental Health Services - Regional Directors</p> <p>Commonwealth Department of Health and Ageing</p>
Monitoring & reporting	<p>Monitoring by SADI Mental Health Advisory Group</p> <p>Quarterly reports to monitoring group</p>
Performance indicators	<p>Formalised care pathways are developed.</p> <p>Number of GPs who are registering for the Better Outcomes SIP initiative.</p> <p>Progress in implementation of pilot projects</p>

Project	Aged Care
Goal	To achieve effective integration between initiatives in aged care which involve DHS and Divisions of General Practice.
Project approach	<p>Moving Ahead Continue GP representation on the implementation reference group for Moving Ahead: Strategic Plan for Older People. Inform the development of the aims of Moving Ahead which involve or impact on general practice.</p> <p>Acute Care Ensure active involvement of Divisions of General Practice and GPs in new initiatives such as the Metro Home Link Service.</p> <p>Residential Aged Care Clarify key issues and develop strategies to address the concerns regarding the interface between general practice, residential aged care and supported residential facilities and hospitals.</p>
Liaison officers	<p>Executive Officer, SADI Dr Peter Ford, Dr Lloyd Evans, SADI GP reps Chris Overland, Chair of Moving Ahead Leanne Head, DHS</p>
Stakeholders	Commonwealth Department of Health and Ageing, Aged and Community Services, ANHECA, COTA, RDNS, Advanced Community Care Association
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	Strategies developed to address issues regarding the interface between general practice and residential aged care facilities.

T H E M E 2

Population Health



The Aboriginal Health Program – Flinders and Far North Division of General Practice

In acknowledgement of the high proportion of Aboriginal people and their poor health outcomes, the board of the Flinders and Far North Division of General Practice, decided in early 2002 to specifically fund an Aboriginal Health Program to prioritize and coordinate the work in this area.

The initial priority of this program was to develop effective working relationships with Aboriginal organisations and community members. Evidence of success has been the enthusiasm of Aboriginal organisations to work in partnership with the Division on issues of mutual concern, and approaches to the Division for advice and support.

The objectives of this program are:

- To increase the Division's capacity to respond to the health needs of Aboriginal people in the region.
- To work in partnership with Pika Wiya Health Service and other Aboriginal organizations on specific projects, such as cultural awareness training for GPs.
- To assist the Division's existing programmes in their inclusion of a culturally appropriate Aboriginal component.

Some of the achievements include:

- The establishment of a program Steering Group to give advice and direction to the program, with representatives from Aboriginal organisations and community members.
- Regular monthly meetings resulting in the development of a Memorandum of Understanding between the Division and Pika Wiya Health Service.
- Working in partnership with Aboriginal organisations on specific issues.
- A Continuing Professional Development (CPD) survey of GPs in the area of Aboriginal health and culture.
- Two CPD sessions on Language and Communication with more planned in the future.
- An orientation folder for GPs on Aboriginal Health and Cultural Issues.
- A successful PHC-RED funding application to research Aboriginal knowledge and attitudes about Infant Feeding.

In this second year of funding the Division will continue to facilitate useful CPD sessions, add to the orientation folder and develop relationships with Aboriginal communities in the wider Divisional region.

Project	Chronic Disease - Diabetes, Cardiovascular Health and Asthma
Goal	Progress the implementation of a statewide approach to the management of chronic disease.
Project approach	<p>Implement DHS's Strategic Plan for Diabetes in South Australia including further developing links between community health, domiciliary care, hospitals, GPs and other primary care providers.</p> <p>Support the implementation of a common state-wide approach to the prevention and management of chronic disease including consideration of integrated diabetes care as proposed in SADI's position paper.</p> <p>Develop Strategic Management Groups in areas not currently addressed, including cardiac failure.</p> <p>Ensure continued commitment to the Diabetes Strategic Management Group.</p> <p>Progress work in area of chronic disease self-management.</p> <p>Support the implementation of chronic disease registers and recall systems within general practice.</p> <p>Support the development and expansion of Divisional projects that assist GPs working in the area of chronic disease related palliative care.</p>
Liaison officers	Anna Fergusson, Alison Day, endorsed SADI GP reps Bruce Whitby, DHS Divisional GP Representative
Stakeholders	DHS Diabetes Strategic Management Group, Commonwealth Department of Health and Ageing, Dr Pat Phillips, Diabetes Outreach Service, DATIS, Heart Foundation, Asthma SA, Diabetes Australia (SA)
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	To be developed

Project	Cancer
Goal	To achieve effective integration between initiatives in cancer detection and treatment which involve DHS and Divisions of General Practice.
Project approach	<p>Investigate the development of a Cancer Strategy Group.</p> <p>Determine a method in collaboration with Cervical Screening SA to provide GPs with lists of patients who have not had a smear in the last four years, in line with the PIP initiative.</p> <p>Support the Bowel cancer screening pilot (Adelaide Southern and Adelaide Western Division).</p> <p>Working with the project, Strengthening Support for Women with Breast Cancer in Rural and Remote SA, including SADI's role of disseminating information to rural Divisions and assisting in evaluation at state and national levels</p> <p>Support the development and expansion of Divisional projects that assist GPs working in the area of cancer related palliative care.</p> <p>Support prostate cancer initiatives that involve GPs.</p>
Liaison officer	<p>Senior staff member, SADI</p> <p>GP Liaison Officer, Bowel Cancer Pilot</p> <p>Bev Colville, Country and Disability Services, DHS</p> <p>Divisional GP Representative</p>
Liaison	<p>Cervical Screening SA</p> <p>BreastScreen</p> <p>Cancer Council</p>
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	<p>Cervical Screening SA provides GPs with information on patients who have not received a smear within the last four years.</p> <p>Uptake of PIP for Cervical Screening.</p>

Project	Aboriginal Health
Goal	To achieve effective integration between initiatives in Aboriginal health in DHS and Divisions of General Practice, using approaches appropriate to local areas.
Project approach	<p>Support and increase the integration of initiatives in Aboriginal health in DHS and Divisions of General Practice.</p> <p>Support the continued development of Aboriginal Primary Health Care Access Program (APHCAP).</p> <p>Ensure Aboriginal mental health issues are addressed in the mental health reform program.</p> <p>Extend the “Living with Diabetes, Aboriginal Strategic Plan and Implementation Program” to link with general practice.</p>
Liaison officer	<p>Senior staff member, SADI</p> <p>Senior staff members, Aboriginal Services Division, Metro and Country Divisions,</p> <p>DHS Divisional GP Representative</p>
Liaison	<p>Commonwealth Department of Health and Ageing</p> <p>Nunkuwarrin Yunti</p> <p>Aboriginal Health Council</p> <p>SA Aboriginal Health Partnership</p>
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	To be developed

Project	People from Culturally and Linguistically Diverse Backgrounds
Goal	To achieve effective integration between initiatives in health initiatives for those from CALD backgrounds in DHS and Divisions of General Practice.
Project approach	Support the development of the GP Group working to address health issues affecting refugees and new arrivals. Support and promote the outcomes of the Transcultural mental health project undertaken by Adelaide North East Division.
Liaison officer	Senior staff member, SADI Senior staff member, DHS Divisional GP Representative
Liaison	Commonwealth Department of Health and Ageing Multicultural Communities Council RACGP
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	To be advised

Workforce

Support

T H E M E 3

Workforce Support



Partnerships to address medical workforce issues in the Hills Mallee Southern Region

Medical workforce issues have been a high priority for the three divisions in the Hills Mallee Southern Region (Murray Mallee DGP, Adelaide Hills DGP and Adelaide Southern DGP rural sector). The recognition that medical workforce issues are ongoing and intractable led to the establishment of a Medical Workforce Forum in 1999. The forum includes representatives from the three divisions (Workforce Coordinators and/or Executive Officers, Regional Health Service nominee, Hospital nominee, Rural Doctors Workforce Agency Nominee, Local Government nominee, Medical Practice nominee, Community representative).

The core group meets quarterly to identify and address medical workforce issues.

The response to workforce issues happens locally.

When an issue is identified, representatives from the core group meet with members of the community involved - GPs, the practice, health unit, board etc. The model is that of community capacity building with each of the organizations involved contributing information and resources to develop a local action plan to address the issue.

Recruitment of GPs to small or solo rural practices has been a major issue. For example, every practice in the Murray Mallee has undertaken at least one recruitment exercise. There is now recognition that successful recruitment of GPs to rural communities requires ongoing commitment from all of the key stakeholders and that an integrated community response is a prerequisite to success.

The identification of retention issues is now more common. Early intervention in retention issues whether it be schooling, spouse employment, access to medical education, GP or family health issues or conflict with the public health system can sometimes resolve issues before they lead to a GP and family leaving the area.

The workforce forum has been a productive partnership between Divisions of General Practice, the Regional Health Service and other community organisations, which has been able to develop collaborative responses to medical workforce issues that individual organisations could not effectively address alone.

Project	Rural Workforce Support
Goal	Develop collaborative initiatives that ensure the workforce needs of rural communities are met in both hospital and community settings.
Project approach	<p>Ensure realistic goals are developed that will work for different communities and that target the appropriate workforce.</p> <p>Collaboratively develop recruitment, retention and training strategies in particular for practice nurses and allied health services in rural and remote areas.</p> <p>Ensure equipment and facilities (including role and function of rural/regional hospitals) are maintained and well resourced in rural areas to enable GPs to provide a broad range of services i.e. anaesthetics, surgery.</p> <p>Ensure that trainee GPs have access to appropriate training especially in procedural work.</p> <p>Implement the Rural Doctors Workforce Agency's Rural Nurse Triage Training project with the collaboration of rural Divisions and selected rural hospitals.</p>
Liaison officer	<p>Trish Testrow, SADI</p> <p>Raelene Burke, Country Division</p> <p>DHS Divisional GP Representative</p>
Liaison	<p>Rural Doctors Workforce Agency</p> <p>CEOs of Regional Health Units</p> <p>EOs and DONs of regional hospitals</p> <p>GP Forum</p> <p>Commonwealth Dept of Health and Ageing</p> <p>Regional GP Training Consortia</p>
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	<p>Rural nurse triage training held.</p> <p>Triage protocols developed for use in rural hospitals.</p>

Project	Urban Workforce Support
Goal	Develop collaborative initiatives that ensure the workforce needs of urban and outer urban communities are met in both hospital and community settings.
Project approach	<p>Ensure appropriate data collection and analysis to provide baseline and foundation for development of strategies in recruitment and retention.</p> <p>Ensure realistic goals are developed that target the appropriate workforce and are adapted to local needs.</p> <p>Monitor implications and takeup of Commonwealth Outer Metropolitan Areas Workforce Measure and respond as needed.</p> <p>Collaboratively develop recruitment, retention and training strategies in particular for practice nurses and allied health services in urban and outer urban.</p>
Liaison officer	<p>Merelyn Boyce, SADI</p> <p>Dr Sally Tideman, DHS</p> <p>Division Rep from Outer Urban Metropolitan Areas Working Party</p>
Liaison	<p>GP Forum</p> <p>Outer Urban Metropolitan Areas Working Party</p> <p>Regional GP training consortia</p> <p>Commonwealth Dept of Health and Ageing</p>
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	<p>Medical Labour Force 2002 report completed and distributed by DHS in August 2003.</p> <p>Position paper on Urban Medical Workforce developed and distributed by SADI in September.</p> <p>Action Plan on Urban Medical Workforce developed by September 2003.</p> <p>An implementation group established to progress the action plan.</p>



Policy and Strategy Development

T H E M E 4

Policy and Strategy Development

Department of Human Services - Primary Health Care Policy

The need to strengthen primary health care services was identified in the Generational Health Review and the State Government's health reform process.

The purpose of the renewed Primary Health Care policy is to improve the health of all South Australians through a health system built on a strong primary health care foundation by:

- focusing on better health for the population and working actively to reduce health inequalities
- building investment in primary health care, and ensuring coordination and collaboration between all health approaches, for example preventive, acute, rehabilitative, health maintenance and health promotion
- encouraging a physical and social environment that promotes good health
- engaging individuals and populations in decision making about issues affecting their health.

The policy statement outlines a primary health care vision for South Australia including the principles that underpin this and the ten key directions to improve the health of individuals and communities. These recognise the importance of general practice in strengthening primary health care.

The policy statement was launched on September 12, 2003, which is the twenty fifth anniversary of the Alma Ata Declaration of Primary Health Care.

Project	Generational Health Review
Goal	GPs and DHS to work together on health system reform based on recommendations from the Generational Health Review.
Project approach	Ensure ongoing GP input into policy and service developments which impact on general practice. Involve GPs in the State Clinical Senate. Involve GPs in the planning and development of the call centre.
Liaison officer	Medical Director and Executive Officer, SADI Senior staff - DHS
Liaison	CEO - DHS EDs - DHS Divisional GP Representative Health Reform SA GP Futures SA GP Forum
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	Number of GPs involved in Planning and Advisory Committees. GPs involved in the State Clinical Senate.

Project	Generational Health Review - Primary Care Networks
Goal	GPs and DHS to work together on a regional basis to progress development of primary care networks across SA, as recommended in the Generational Health Review.
Project approach	Develop strategies that enable GPs to be partners in primary care networks. Involve Divisions and GPs in the development and planning of the primary care networks.
Liaison officer	Medical Director and Executive Officer, SADI Senior staff - DHS Divisional GP Representative
Liaison	CEO - DHS EDs - DHS CEOs - Regional Health Units SA Community Health Association Public Health Association of SA SACOSS Health Reform SA GP Futures SA GP Forum
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	Strategies developed regarding how GPs can be partners in the primary care networks.

Project	Primary Health Care Policy
Goal	To contribute to the development of a primary health care policy for DHS in SA.
Project approach	Support broad ownership of the primary health care policy. Actively promote and inform stakeholders about the policy.
Liaison officer	Medical Director SADI Senior staff - DHS Divisional GP Representative
Liaison	CEO - DHS EDs - DHS CEOs - Regional Health Units SA Community Health Association Public Health Association of SA SACOSS Health Reform SA GP Futures SA GP Forum
Monitoring & reporting	Quarterly reports to monitoring group
Performance indicators	Policy developed and launched by the State Health Minister in September 2003 Evidence of policy implementation

Areas of activity to be monitored

Project	GP Registry/Separation Summaries/OACIS
Liaison officers	Gary Holzer, SADI Mr John Mleczo, DHS
Project	After Hours Primary Care Service Delivery
Liaison officers	Tania Manser, SADI Leanne Head, Malcolm Ellis, DHS
Project	Quality Use of Medicines
Liaison officers	Merelyn Boyce, SADI Bill Dollman, DHS
Project	Health Promotion - early consultation about health promotion campaigns in planning stages
Liaison officers	Anna Fergusson, SADI Mark Williams, DHS
Project	Immunisation
Liaison officers	Alison Day, SADI Maureen Watson, SAICU



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