

Overview of the selected intervention in South Australia

Alternative intervention sought by the SA-LIP

Rationale for alternative proposal: Due to a number of unforeseen factors, the IMPACT Program in South Australia was on hold for over 12 months, recommencing at the end of May 2016. These factors included: the closure of the Medicare Locals and the establishment of the Adelaide Primary Health Network, the resignation of the SALIP Coordinator, a delay in the recruitment of a new Coordinator and changes to key personnel on the SALIP Advisory Committee. A key focus for the SALIP since then has been to reconnect with relevant agencies such as SA Health, the Health Consumers Alliance, the Seniors Information Service and Central Adelaide Local Health Network (CALHN) and key people to garner support to progress the proposed intervention. Key people approached included the Director of Nursing and Primary Health Care (CAHLN), the Acting Deputy Director, Transforming Health, (SA Health) and Chief Executive, Catalyst (formerly Seniors Information Service). During the past 12 months, significant changes have taken place across the South Australian health system that now has a direct influence on how the project moves forward. These changes are happening under Transforming Health, a major initiative implemented by the state government that is taking a systematic approach to the transformation of the health system in SA starting with the metropolitan public hospitals. The proposed SALIP intervention, which was identified as an area of need through the deliberative forum process and refined by the SALIP Advisory Group, was for a **transitional care brokerage model**. This model focused on coordinating care for 'point in time' vulnerable patients into primary care and social services in the community following a medium to long stay (21–100 days) in hospital, the target population being from disadvantaged areas and with generic vulnerabilities (e.g., low socioeconomic status, unemployed or underemployed, socially isolated, transport limitations, mental health issues). At that time approximately 400 patients/year met these criteria. The SALIP has however recently been advised by SA Health that there are now far less numbers of long stay patients, and that patients are being transitioned much quicker. We are currently unable to verify this but will investigate further when we have access to the next lot of South Australian Hospital Activity Inpatient Admissions data available from SA Health in December. In addition, key members of the SALIP Advisory Group, who were strong advocates for the proposed intervention and worked in roles that would make substantial initial change, have moved on to other positions and are no longer able to support the project. The proposed intervention is therefore no longer as relevant or feasible to proceed with.

Given all these factors, the SALIP has worked to reflect on how to move the project forward. The SALIP is currently using these barriers as an opportunity to initiate collaborative work with the Adelaide Primary Health Network (APHN). Primary Health Networks (PHNs) have been established by the Australian Federal Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. PHNs achieve this by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients. There are 31 PHN's across Australia. The APHN is not a service provider but is focussed on commissioning services and initiatives.

With this partnership, the SALIP would undertake a mapping exercise of potential APHN initiatives that are in design phase to match them against the findings of the deliberative forums. From this process, initiatives that potentially align with IMPACT can be identified and consideration given to what might be appropriate and relevant for the SALIP to work with, given the changing landscape of the health system in South Australia and the timeline for IMPACT. One initiative has been identified and advice is currently being sought from the Australian IMPACT Executive as to the appropriateness of the SALIP aligning with this initiative.

Targeted population: Elderly and frail people residing in three Residential Aged Care Facilities (RACFs) across the Adelaide metropolitan area.

Intervention: The initiative being considered is the **Extended Primary Care for People Residing in Residential Aged Care Facilities** Project (EPC4RACF). The aims are for RACFs, General Practices and other health services to optimise access to primary care, support the management of complex chronic medical conditions for RACF residents and reduce general practitioner attendance in the after-hours period. Strategies will involve using a multidisciplinary team of general practitioners, nurses, allied health and other services to provide care, training and resources to assist participating RACFs to better manage and respond to the needs of their residents. The intended outcomes are a reduction in general practitioner attendance in the afterhours period, a reduction in preventable hospitalisations and improvements in the delivery and management of care to ensure RACF residents receive the right care at the right time in the right place.

Local intervention partners: Adelaide Primary Health Network, the preferred aged care provider that is being commissioned to undertake this 12 month pilot, SA Health, Catalyst and SA Ambulance Service.

Links with primary healthcare: The Australian Aged Care Medical Services, a specialist geriatric GP service, along with other GPs that currently visit the residents in the RACFs will provide a range of primary care services. Included also will be links to allied health professionals and social support services.