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1. Overview

Tasmania has recently undertaken a state-wide health services planning exercise. Tasmania's Health Plan, released in May 2007, is supported by two detailed documents: a Clinical Services Plan and a Primary Health Services Plan.

This reflects the structure of the Tasmanian Department of Health and Human Services (DHHS). The Acute Health Services Group is responsible for the delivery of hospital and ambulance services and most acute public hospital services are provided from the Royal Hobart Hospital, Launceston General Hospital, and the North West Regional Hospital.

The Primary Health Services Unit, within the Community Health Services Group, has responsibility for 23 community-based health centres, and regional services such as palliative care, various community services and youth health. It also has 20 small rural health facilities which provide inpatient care and some aged care, and act as a base for community health and domiciliary services. Fifteen facilities are DHHS-run and five facilities are DHHS-funded and run by other organisations.

Tasmania's Health Plan is a road map for the development of all health services for the next 5 – 10 years. More information on Tasmania's Health Plan may be found at <http://www.dhhs.tas.gov.au/futurehealth>

1.1. Purpose of this Implementation Plan

An implementation plan is the first step in bringing about change and creating new services. It starts to describe how we will put Tasmania's Health Plan into practice.

Implementation plans talk about 'projects' and 'programs'. A project is a carefully defined set of activities that use resources (money, people, materials, energy, space, provisions etc.) to accomplish change. Programs are the name for a set of related projects. This implementation plan is a high level management document for the Primary Health Services Plan (PHSP). It has been developed by the DHHS and will be reviewed bi-annually and amended to meet changed conditions or objectives during the project's life span.

Most implementation plans are 'internal' for use by the project team but some examples are available to the public and can be found at http://www.egovernment.tas.gov.au/themes/project_management

1.2. Planning Approach

A 'rolling wave' approach to project implementation is being applied in the development of this implementation plan.¹ Rolling wave planning is a phased approach used when there are many changes taking place at the same time. This means that all the details of the projects are not known well in advance. The detail is developed as the 'horizon' approaches and the work required becomes clearer.

1.3. Conceptual Approach

An Expanded Chronic Care Model provides the conceptual approach to implementation. This is outlined in **Appendix 1**.

¹ Thanks to the HealthConnect project team for the use of these concepts and others in the assumptions and constraints section.

2. Scope

2.1 Scope of the Primary Health Services Plan program

Part of the Program (Inside Scope)	Not Part of the Program (Outside Scope)	Unresolved
All actions within the Primary Health Services Plan	Actions not included in the Primary Health Services Plan Actions within the PHSP that are whole-of-Agency initiatives (e.g. Workforce Plan; Infrastructure Investment Strategy; Safety and Quality Plan).	Actions which are subsequently developed (i.e. not included in the Plan) but are congruent with the Approach and Planning Principles of the Plan – to be considered on a case-by case basis.

2.2 Legislation, strategic plans, policies and agreements

The PHSP program operates in the context of a number of principal business drivers. The legislation, strategic plans, policies and agreements that impact on activities for 2007-06 are outlined below.

Legislation

The program will be undertaken within the guidelines of the following Tasmanian legislation:

- *Archives Act 1983*
- *Financial Management and Audit Act 1990*
- *Freedom of Information Act 1991*
- *State Service Act 2000*
- *State Service Regulations 2001*

Legislation which impacts on the program includes:

- *Hospitals Act 1918 (to be replaced by Health Services Establishment Act 2007)*
- *Health Services Act 1960*
- *Ambulance Services Act 1982*
- *Health Complaints Act 1995 (as amended 2005)*
- *Mental Health Act 1996 (as amended 2005, 2007)*
- *Public Health Act 1997*
- *Health Act 1997*
- *Medical Practitioners Registration Act 1998 (as amended 2007)*
- *Health Professionals (Special Events Exemption) Act 1998*

Strategic plans and policies

The context for Primary Health Services Planning relates to national, state-wide and Departmental policy frameworks.

National reform agendas with particular impact on the delivery of primary health services in Tasmania include:

- The Council of Australian Government reforms, particularly those relating to mental health, primary health, health workforce, rural health, health promotion and illness and injury prevention, and chronic disease.²
- Australian Health Ministers Conference and Australian Health Ministers Advisory Council initiatives, particularly those relating to the health workforce supply.³

The balance between the social, economic, financial and political aims of the Tasmanian Government and the co-ordination of State-wide policy positions in regard to Commonwealth-State negotiations are undertaken through the operations of central agencies such as the Department of Premier and Cabinet. Relevant policy and planning frameworks include the Tasmania *Together* process and the operation of State/Local Government Partnership Agreements.⁴

Other policies which guide the delivery of Departmental primary health service in Tasmania include:

- *Aboriginal Health and Well-being Strategic Plan 2006-2010* (2006)
- *Rehabilitation Services in Tasmania: current situation and future plans* (currently being developed)
- *Mental Health Service Strategic Plan 2006-2011: partners toward recovery* (2006)
- *Palliative Care in Tasmania: current situation and future directions* (2004)
- *Review of Alcohol, Tobacco and Other Drug Treatment Services in Tasmania*
- *Strategic Framework for State-wide Cancer Services* (currently being developed)
- *Strengthening the Prevention and Management of Chronic Conditions Policy Framework* (2005)
- *Tasmanian Drug Strategic Plan 2005-2009* (2005)
- *Tasmanian Food and Nutrition Policy* (2004)
- The *fit* Program (2006)
- *The Tasmanian Hospital System: Reforms for the 21st Century* (2004)⁵
- *Tasmanian Diabetes Action Plan*.

Agreements (Australian, State and/or local partnership)

- *MOU with General Practice Tasmania Network (on-going)*
- *Partners in Health (on-going)*
- *MOU with Institute of TAFE Tasmania for Enrolled Nurse Training*
- *Northern Tasmania Development*
- *Southern Tasmanian Councils*
- *Cradle Coast Authority*
- Tripartite Partnership Agreement for Population Ageing in Tasmania

² The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia. COAG comprises the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association. More information on COAG may be found at <http://www.coag.gov.au/about.htm>

³ The Health, Community and Disability Services Ministerial Council is established under the authority of COAG and includes the Australian Health Ministers' Conference (AHMC) and the Australian Health Ministers' Advisory Council (AHMAC). More information on these organisations may be found at <http://www.ahmac.gov.au/site/home.aspx>

⁴ More information on these and other key policy directions may be found at <http://www.dpac.tas.gov.au/divisions/policy/>

⁵ These documents are available at <http://www.dhhs.tas.gov.au/agency/publications/index.php>

2.3 Assumptions and Constraints

Assumptions include that:

- a rolling wave approach to project planning is being used to provide maximum flexibility in relation to the implementation process;
- a phased implementation approach will be adopted;
- high-level sponsorship and commitment exists;
- stakeholder management will present specific challenges; and
- PHSP implementation will comply with legislative requirements (State and Commonwealth).

Constraints include that:

- project interdependencies are complex;
- funding and resources are constrained and may limit implementation, in the short term;
- some timeframes are tight;
- there are change management implications proportional to the requirement for business change as implementation of the PHSP requires a paradigm shift in the way providers work; and
- there will be limitations in the capabilities of services to resource these changes.

3. Target Objectives and Outcomes

The PHSP contains a number of themes and target outcomes. These are listed in Table 1.

Table 1 Overview of Primary Health Services Plan Themes and Outcomes

Theme	Outcome
The Primary Health Approach ⁶	Services that promote the primary health approach, contributing over time to improved health and wellbeing outcomes in the Tasmanian community.
Health Planning Principles	A primary health system that better meets the changing needs of the Tasmanian community.
Service Delivery Model	A tiered service delivery model establishing an integrated network of primary health services will provide a sustainable service system for Tasmania.
The Prevention and Management of Chronic Conditions	Each health centre to have a role in working with key stakeholders and the local community to design and implement programs to support healthy life conditions and choices, and address the causes of illness and injury.
General Practice Integration	A new relationship between general practice and the Department will be established that better supports the sustainability of the sector and provides additional capacity to respond to the challenges of chronic disease.
Rural Health Centres	An enhanced role for rural health centres will be implemented to ensure these services better meet the needs of the Tasmanian population and their local communities.
Communication and Collaboration between Service Providers	Improved communication and collaboration between service providers
Community Participation	Strengthen community participation in primary health services. Encourage an increased sense of involvement in personal health maintenance and treatment.
The Health Workforce	Sustainability of the health workforce, including a long term strategy to link Tasmania's workforce needs to healthcare education and training and research
Quality and Safety Initiatives	That sites have appropriate access to clinical support services, an appropriately skilled and available workforce, equipment, suitable facilities and appropriate capacity to maintain clinical standards
Education and Training	The Department will work with the University of Tasmania and other educational providers to provide sustainable health workforce training and development, including a commitment to vocational, undergraduate and postgraduate student placements in primary health care and multidisciplinary settings
Community Transport	Access to community transport will be improved
Infrastructure	Facilities will be located and designed for accessibility of clients, adaptable to appropriately house relevant services, established to integrate with other providers and community groups, and networked to support efficient provision of services across client catchments.

In order to achieve these goals, implementation will be structured into five 'work streams', each made up of a number of projects (which may be divided into several subprojects). Some projects will traverse more than one stream. For the sake of convenience, a decision has been made in each case to allocate projects to the stream that is considered most relevant.

For example, the goal 'the Department will work with the University of Tasmania and other educational providers to provide sustainable health workforce training and development, including a commitment to vocational, undergraduate and postgraduate student placements in primary health care and multidisciplinary settings' is articulated under the Education and

⁶ The 'primary health approach' is derived from the Declaration of Alma-Ata at the International Conference of Primary Health Care, 1978. http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

Training theme. Implementation will be carried out under two listed projects within the Workforce Sustainability work stream (below).

One of these projects, Enhancing Education, will involve working with the University to examine the feasibility of a Primary Health Clinical Education Centre at the Clarence Community Health Centre; working with the University to examine the feasibility of developing the Launceston General Hospital precinct as an enhanced primary/secondary Education Centre providing interprofessional learning for health professional students; and developing all Rural Health Centres as Rural Health Teaching sites. These three actions will develop into subprojects but have enough similarities to be clustered together for reporting purposes.

The PHSP Implementation Plan focuses especially on the short to medium term (within the next 3 years).

Table 2 provides an overview of program work streams and projects. Table 3 provides more detail on each project, including draft time lines, outputs and outcomes.

Table 2 Overview of Program Work streams and Projects

Work stream	PHSP Coordination and Evaluation	1. PHSP Initiatives Primary Health Focus	2. PHSP Initiatives Primary Acute Integration	3. PHSP Initiatives General Practice	4. PHSP Initiatives Primary Health Partners	5. PHSP Initiatives Workforce Sustainability
Sponsor	Office of the Deputy Secretary, Community Health	Primary Health Executive Group	Primary Acute Working Group	GP Memorandum of Understanding Monitoring Group	Community Health Executive Team	Partners in Health
Coordinator	Project Manager, Community Health	Director, Primary Health	Director, Primary Health	Director, Primary Health	Deputy Secretary, Community Health	Deputy Secretary, Community Health
Projects	Program management to support coordination, reporting, quality assurance and evaluation of PHSP initiatives. (operational framework)	1.1 Primary Health Development 1.2 Planning for Sustainability 1.3 Consistent Community Health 1.4 Safe, Quality Services 1.5 Rural Health Centre Redevelopment 1.6 Preventing and Managing Chronic Disease 1.7 Primary Health Partnerships	2.1 Role Delineation and Memorandum of Understanding Development 2.2 Developing Integrated Care Centres 2.3 Rural Emergency Response 2.4 Integrating Primary and Acute Care 2.5 Strengthening Clinical Support	3.1 Primary Health working with General Practice 3.2 DHHS and GP Links 3.3 Sustainable General Practice 3.4 Chronic Disease Team Development	4.1 Alcohol and Drugs Action 4.2 Primary Mental Health Service Development 4.3 Local Government, Primary Health 4.4 Community Transport 4.5 Integrating Population Health Approaches	5.1 Retention and Development 5.2 Nursing Initiatives 5.3 New Workforce Models 5.4 Learning for the Future 5.5 Expanding Education and Research in Tasmania

Table 3 Program Group, PHSP Theme, Project Objective, Outputs, Timeline and Outcomes

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
PHSP Coordination and Evaluation	PHSP Program Management The objective of this project is to put in place the processes, plans, structures and working relationships which will underpin the implementation of Primary Health Service Plan.	The Program Manager will undertake high-level, on-going management across all projects: <ul style="list-style-type: none"> o Coordination o Reporting o Quality Assurance o Evaluation 	<ul style="list-style-type: none"> o Will organise and highlight examples of successful local implementation at a state-wide conference on primary health. 	<ul style="list-style-type: none"> o Will organise and highlight examples of successful interstate implementation at a state-wide conference on primary health. 	Will organise and conduct evaluation/assessment of PHSP progress

1. Projects with a primary health focus

These seven projects are implemented from within the Primary Health Services section of the Department of Health and Human Services. They will promote the 'primary health approach' to service provision. Key elements of the primary health care approach include:

- a focus on health and wellbeing, not just illness;
- a population perspective on health, not only for individuals;
- a multi-disciplinary team approach to care;
- a partnership approach in which a range of groups and organisations need to work together on improving health;
- a focus on actual health needs, such as chronic disease, rather than service needs; and
- fostering individuals' control over their health and participation in health decision making.

While each of these projects have been described as separate actions, there are many interactions between them. This is why they have been grouped together in the implementation plan.

Table 3 (continued) Primary Health Initiatives

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
The Primary Health Approach	1.1 Primary Health Development The objective of this project is to promote the primary health approach.	<ul style="list-style-type: none"> ○ Communicate the Primary Health approach ○ Recruit all Primary Health Coordinators ○ Provide professional development for all Primary Health Coordinators 	<ul style="list-style-type: none"> ○ Provide professional development for all Site Managers ○ Target one service site per region for further development 	<ul style="list-style-type: none"> ○ Develop a schedule for further development of service sites 	Assess progress towards goal: <i>Services that promote the primary health approach, contributing over time to improved health and wellbeing outcomes in the Tasmanian community.</i>
Health Planning Principles	1.2 Planning for Sustainability The objective of this project is to promote and apply health planning principles.	<ul style="list-style-type: none"> ○ Communicate health planning principles ○ Promote the Primary Health regional structure ○ Determine how to support isolated inpatient sites (eg islands, East/West coasts) in an sustainable and affordable way 	<ul style="list-style-type: none"> ○ Engage with stakeholders in the application of health planning principles to Community Health services, including the development of local health plans ○ Develop annual reporting mechanisms 	<ul style="list-style-type: none"> ○ Engage with stakeholders in the application of health planning principles to Community Health services, including the implementation of local health plans if not already commenced. 	Assess progress toward goal: <i>A primary health system that better meets the changing needs of the Tasmanian community.</i>
Service Delivery Model	1.3 Consistent Community Health The objective of this project is to		<ul style="list-style-type: none"> ○ Development of a Community Health Centre Framework for all 'Tier 1' centres 		Assess progress toward goal: <i>A tiered service delivery model that establishes an</i>

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
	develop consistency across Community Health Centres around the state.		<ul style="list-style-type: none"> o Implementation of a state-wide Primary Health Care training package for new 'Tier 1' rural health centres o Development of common and consistent approach to service planning and community engagement for community health centres o Development of an MOU between Community Health and Human Services in relation to the delivery of integrated services within community health centres. o Implementation of the Consistent Community Care project. o Improved governance and management arrangements for community health centres 		<i>integrated network of primary health services across Tasmania</i>
Quality and Safety Initiatives	<p>1.4 Safe, Quality Services</p> <p>The objective of this project is to strengthen the safety and quality of primary health services.</p>	<ul style="list-style-type: none"> o Identify quality improvement and clinical risk management in the role of primary health coordinators, area service coordinators and Primary Health (PPPU) o Develop the process by which all Community Health sites will be subject to a quality improvement system. o Further development of the Capability Framework. o Develop the process by which quality of care issues relating to both Primary & Acute Health Services can be jointly addressed 	<ul style="list-style-type: none"> o Commence the process by which the results of the clinical role delineation (Capability Framework) assessment will be applied to all rural inpatient sites 	<ul style="list-style-type: none"> o Develop a plan for external accreditation of primary health services o External accreditation of broader primary health care services to be established 	Assess progress toward goal: <i>That sites have appropriate access to clinical support services, an appropriately skilled and available workforce, equipment, suitable facilities and appropriate capacity to maintain clinical standards</i>

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
Rural Health Centres	<p>1.5 Rural Health Centre Redevelopment</p> <p>The objective of this project is to redevelop specific rural health sites.</p>	<ul style="list-style-type: none"> ○ Implementation of new service model at Rosebery. ○ Implementation of new service model at Ouse. ○ Increase inpatient beds at New Norfolk 	<ul style="list-style-type: none"> ○ Increased access to community nursing services and post acute care ○ Increase inpatient beds at Swansea ○ Engage with stakeholders in the application of health planning principles to rural health services, including the development of local health plans 	<ul style="list-style-type: none"> ○ Increased access to visiting services such as allied health or mental health services ○ Increase day respite services 	<p>Assess progress toward goal: <i>A changed and enhanced role for rural health centres will be implemented to ensure these services better meet the needs of the Tasmanian population and their local communities.</i></p>
The Prevention and Management of Chronic Conditions	<p>1.6 Preventing and Managing Chronic Disease</p> <p>The objective of this project is to introduce service change in community based health services.</p>	<ul style="list-style-type: none"> ○ Development of a state-wide health promotion policy ○ Recruit four new Health Promotion Coordinators ○ Identifying population groups most at risk of chronic disease, with an initial focus on diabetes, and providing appropriate risk modification and early intervention support programs ○ Increasing effort in cessation of tobacco smoking specifically targeting those most at risk such as young women, Aboriginal people, or those with mental illness ○ Develop a policy framework for the provision of youth health services within Primary Health (currently being developed) ○ Develop collaborative partnerships to encourage young people to adopt healthy lifestyles ○ Development of a state-wide Chronic Disease Self-Management Plan 	<ul style="list-style-type: none"> ○ Professional development for Community Health service providers on chronic disease management (especially diabetes) Nurses and health professionals working in primary health services will be able to access diabetes training through accredited training programs ○ Expansion of the approaches to chronic disease self management ○ Greater capacity to prevent and manage diabetes and other chronic diseases at the primary health level ○ The improvement of e-health infrastructure and support to complement services such as assessment and health coaching for a range of chronic conditions ○ Greater capacity to address the determinants of health using the SNAPP s framework (Smoking, Nutrition, Alcohol, Physical Activity, and Psychosocial 	<ul style="list-style-type: none"> ○ Development of new models to expand rehabilitation services in the community ○ Increased access to mental health and alcohol and drug programs in rural areas ○ Greater access to home based services such as post acute care and specialised community nursing 	<p>Support progress toward goal: <i>Each health centre to have a role in working with key stakeholders and the local community to design and implement programs to support healthy life conditions and choices, and address the causes of illness and injury.</i></p>

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
			determinants of health) through access to workforce development and a range of evidence based strategies.		
Communication and Collaboration between Service Providers	1.7 Primary Health Partnerships The objective of this project is to integrate services in local areas.	<ul style="list-style-type: none"> o Development of a demonstration site for Primary Health Partnerships at the local level 	<ul style="list-style-type: none"> o Further application of this approach, informed by demonstration site results 		Assess progress toward goal: <i>Improved communication and collaboration between service providers</i>

2. Projects to promote primary/acute service integration

Every time Tasmanians visit their General Practitioner (GP), or have a prescription filled at a pharmacy, or consult with a community nurse or health care worker, they are accessing primary health care. Because primary health services are often the first point of contact, treatment for more complex conditions may require transfer to other care providers, such as hospitals. The service coordination strategies outlined by these five projects will place consumers and communities at the central focus of service delivery.

These projects will be implemented jointly with DHHS Acute Health Services and while each of these projects has been described as separate actions, there are many interactions between them. This is why they have been grouped together in the implementation plan.

Table 3 (continued) Primary Acute Integration

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
Service Delivery Model	<p>2.1 Role delineation and Memorandum of Understanding Development</p> <p>The objective of this project is to develop consistency across service provision arrangements between primary and acute health around the state.</p>	<ul style="list-style-type: none"> ○ Establish the role delineation of activity for successful implementation in this work stream. ○ Memorandum of Understanding developed and endorsed by Community Health Services and Acute Health Services. 			<p>Assess progress toward goal: <i>A tiered service delivery model that establishes an integrated network of primary health services across Tasmania</i></p>
Service Delivery Model	<p>2.2 Developing Integrated Care Centres</p> <p>The objective and outputs of this project is the development of Integrated Care Centres (ICCs) around the state. (Working with Shared and Acute Services.)</p>	<ul style="list-style-type: none"> ○ Establish service model ○ Establish planning group to progress ICC development at Launceston, Clarence, Kingborough and Hobart. 	<ul style="list-style-type: none"> ○ Site selection and planning commences. 	<ul style="list-style-type: none"> ○ ICCs begin to become operational 	<p>Assess progress toward goal: <i>A tiered service delivery model that establishes an integrated network of primary health services across Tasmania</i></p>
Rural Health Centres	<p>2.3 Rural Emergency Response</p> <p>The objective of this project is to support emergency response in rural areas.</p>	<ul style="list-style-type: none"> ○ Develop a project plan through the clinical network ○ Develop a rural accident and emergency response plan for the state ○ Document the capacity of rural sites to respond to an emergency ○ Developing a process for joint clinical review across Acute Health and Primary Health to review shared cases 	<ul style="list-style-type: none"> ○ Operational review of accident and emergency services in Tasmania ○ Developing a single contact point for service providers that can take responsibility for all aspects of transport and arrange clinical advice and support and bed allocation 	<ul style="list-style-type: none"> ○ Enhancing the State-wide Medical Advice, Referral and Transfer Network to support rural and remote medical emergencies and assist with the co-ordination of pandemic responses 	<p>Assess progress toward goal: <i>A changed and enhanced role for rural health centres will be implemented to ensure these services better meet the needs of the Tasmanian population and their local communities.</i></p>

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
Communication and Collaboration between Service Providers	<p>2.4 Integrating Primary and Acute Care</p> <p>The objective of this project is to improve coordination across the primary and acute service sectors.</p>	<ul style="list-style-type: none"> ○ The major acute hospitals will establish a specifically designated staff member to act as rural liaison officer within each hospital to ensure how best care can be provided for those who need to travel to access it ○ Further development of outreach services from the major hospitals to rural areas, as has already occurred in pre and post natal services on the West Coast, as practical application of the clinical networks concept 	<ul style="list-style-type: none"> ○ Admission and discharge processes will be reviewed jointly by Community Health Services and Acute Health Services ○ Redefining the role of Community Nursing in relation to the provision of more acute level care in the community e.g. cancer nurses, Hospital in the Home arrangements. ○ Development of new models to expand rehabilitation services in the community 	<ul style="list-style-type: none"> ○ Development of Community Health “in-reach” services into the major hospitals. 	<p>Assess progress toward goal: <i>Improved communication and collaboration between service providers</i></p>
Communication and Collaboration between Service Providers	<p>2.5 Strengthening Clinical Support</p> <p>The objective of this project is to strengthen multi-disciplinary, inter-sectoral, clinical support arrangements.</p>	<ul style="list-style-type: none"> ○ The establishment of Clinical Networks across the acute, primary and other services. ○ A new multidisciplinary Clinical Advisory Council will be convened, comprising clinicians from the primary and acute service systems. 	<ul style="list-style-type: none"> ○ Closer links will be developed between rural General Practitioners and acute hospitals, especially for training and support ○ Arrangements for continuing professional development for staff providing rural inpatient services will be formalised 		<p>Assess progress toward goal: <i>Improved communication and collaboration between service providers</i></p>

3. Projects to promote integration with General Practice

These projects will be implemented in partnership with the General Practice Tasmania network, under the auspice of the Memorandum of Understanding “Collaboration for Improved Health Outcomes”. The General Practice Tasmania network supports contemporary general practice in Tasmania by linking GPs with each other, by supporting all members of the general practice team and, increasingly, by enabling, supporting and/or closely liaising with allied health professionals as part of the primary health service team. More information on the General Practice Tasmania network may be found at <http://www.gptasmania.com.au/>

While each of these four projects has been described as separate actions, there are many interactions between them. This is why they have been grouped together in the implementation plan.

Table 3 (continued) General Practice Integration

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
General Practice Integration	<p>3.1 Primary Health working with General Practice</p> <p>The objective of this project is to develop a closer, more effective, working relationship with general practice.</p>	<ul style="list-style-type: none"> ○ A consistent Departmental policy concerning the availability of support arrangements for general practice will be developed in collaboration with general practice organisations. ○ The Department will work with general practice representatives to develop principles and procedures that will guide general practice provision of state funded community health services. 	<ul style="list-style-type: none"> ○ Co-location of general practice and state health services will occur where this is possible and would benefit service arrangements ○ A demonstration site in Launceston will be developed and operational within one year 	<ul style="list-style-type: none"> ○ Further application of this approach, if warranted by demonstration site results 	<p>Assess progress toward goal: <i>A new relationship between general practice and the Department will be established that better supports the sustainability of the sector and provides additional capacity to respond to the challenges of chronic disease</i></p>
Communication and Collaboration between Service Providers	<p>3.2 DHHS and GP Links</p> <p>The objective of this project is to strengthen links between a range of DHHS services and general practice.</p>	<ul style="list-style-type: none"> ○ Mental Health Services will continue to fund a Liaison Officer to progress partnership initiatives between Mental Health Service and General Practitioners. ○ In partnership with GPs, psychologists and other health professionals develop innovative Recovery Group Programs with reference to opportunities presented under the new National Action Plan for Mental Health. 	<ul style="list-style-type: none"> ○ Improved training, support and backup to general practice in relation to alcohol and drug issues from additional Alcohol and Drug specialist resources. ○ Development of the public pharmacotherapy program to better support shared care with general practice ○ Closer links will be developed between rural General Practitioners and 		<p>Assess progress toward goal: <i>Improved communication and collaboration between service providers</i></p>

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
			acute hospitals, especially for training and support.		
The Health Workforce	<p>3.3 Sustainable General Practice</p> <p>The objective of this project is to strengthen the sustainability of general practice in Tasmania.</p>	<ul style="list-style-type: none"> o Working with general practice to explore opportunities with the Australian Government for other health professionals to access to Medicare benefits in order to provide greater sustainability of primary health services o Increased support, through General Practice Workforce Tasmania, to aid in the recruitment of general practitioners to Tasmania. 			Assess progress toward goal: <i>Sustainability of the health workforce, including a long term strategy to link Tasmania's workforce needs to healthcare education and training and research</i>
The Prevention and Management of Chronic Conditions	<p>3.4 Chronic Disease Team Development</p> <p>The objective of this project is to introduce a multi-disciplinary team approach to action around chronic disease.</p>	<ul style="list-style-type: none"> o Policy development around chronic disease management teams o Identify a demonstration site for an expansion of the approaches to chronic disease self management through team work 	o Establish a chronic disease team demonstration project including general practice	o Further application of new approaches to chronic disease, including management teams, if warranted by demonstration site results	Support progress toward goal: <i>Each health centre to have a role in working with key stakeholders and the local community to design and implement programs to support healthy life conditions and choices, and address the causes of illness and injury</i>

4. Projects to promote integration with community health services: the ‘primary health partners’

These five projects will promote improved communication and collaboration between primary and community health services. An integrated and coordinated primary and community health care system working in partnership will promote the health and wellbeing of our community. In the DHHS organisational structure, Departmental Primary Health Services are part of the Community Health Services group. Implementation will be overseen by the DHHS Community Health Executive Team.

Table 3 (continued) Primary Health Partners (Community Health Initiatives)

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
Communication and Collaboration between Service Providers	4.1 Alcohol and Drugs Action The objective of this project is to develop closer links between primary health and alcohol and drug services.		<ul style="list-style-type: none"> ○ Development of consultation, liaison and outreach services from Alcohol and Drug Services to primary health centres. ○ Additional resources will be invested in education and support to primary health workers and non government organisations in relation to alcohol and drug clinical practice. 		Assess progress toward goal: <i>Improved communication and collaboration between service providers</i>
Communication and Collaboration between Service Providers	4.2 Primary Mental Health Service Development The objective of this project is to extend primary mental health services through partnerships.		<ul style="list-style-type: none"> ○ In partnership with the non-Government sector, develop an early intervention and mental health promotion education toolkit for use in secondary and tertiary educational institutions to help access to services. ○ In partnership with educators, develop an education resource by way of a Mental Health Services Education Framework to further improve the delivery of educational services to young people aged 16-25. 		Assess progress toward goal: <i>Improved communication and collaboration between service providers</i>

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
Communication and Collaboration between Service Providers	<p>4.3 Local Government, Primary Health</p> <p>The objective of this project is to strengthen linkages with local government.</p>		<ul style="list-style-type: none"> ○ Strengthening the primary health aspects of the Tasmanian Local Government Partnership arrangements. ○ Working with local communities to establish health service priorities and to build awareness and ownership of any new directions in health service provision. 	<ul style="list-style-type: none"> ○ Expansion of local government partnerships in health promotion. 	<p>Assess progress toward goal: <i>Improved communication and collaboration between service providers</i></p>
Community Transport	<p>4.4 Community Transport Development</p> <p>The objective of this project is to strengthen community transport.</p>	<ul style="list-style-type: none"> ○ Commence a project to establish community transport networks that will better coordinate services ○ Improve transport options for people requiring access to non urgent health care services where public transport is either not available or is inappropriate ○ Engage a project manager to commence this work ○ The Home and Community Care program to expand the community transport resources in line with the established needs of its target population 	<ul style="list-style-type: none"> ○ Interim project report and recommendations due ○ Project implementation 	<ul style="list-style-type: none"> ○ Provision of additional funding to assist in meeting the needs of people who are transport disadvantaged but outside the Home and Community Care target group to access transport for non urgent health related needs. 	<p>Assess progress toward goal: <i>Access to community transport will be improved</i></p>
Communication and Collaboration between Service Providers	<p>4.5 Integrating Population Health Approaches</p>	<ul style="list-style-type: none"> ○ Orientation program for the new Primary Health Coordinators, Health Promotion Officers, Area Services Co-ordinators & Area Managers to involve Population health staff ○ Population Health to work with project teams implementing the new service models in Ouse, Rosebery to integrate population health approach in the new sites. 			<p>Assess progress toward goal: <i>Improved communication and collaboration between service providers</i></p>

5. Projects to support the Tasmanian health workforce

These projects will be implemented in partnership with the University of Tasmania, under the auspice of the Partners in Health agreement. In 2006, the University of Tasmania had an enrolment of 19,372 students, of which 2,126 were in the Faculty of Health Sciences. More information on the University of Tasmania is available at <http://www.utas.edu.au/>

While each of these five projects have been described as separate actions, there are many interactions between them. This is why they have been grouped together in the implementation plan.

Table 3 (continued) Workforce Sustainability

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
The Health Workforce	5.1 Retention and Development The objective of this project is to strengthen retention and development of the primary health workforce.	<ul style="list-style-type: none"> Consideration of retention strategies that can assist existing health professionals to stay in the workforce 			Assess progress toward goal: <i>Sustainability of the health workforce, including a long term strategy to link Tasmania's workforce needs to healthcare education and training and research</i>
The Health Workforce	5.2 Nursing Initiatives The objective of this project is to further develop the primary health nursing workforce.		Implementation of Nurse Practitioners working in rural health teams in 2008.		Assess progress toward goal: <i>Sustainability of the health workforce, including a long term strategy to link Tasmania's workforce needs to healthcare education and training and research</i>
The Health Workforce	5.3 New Workforce Models The objective of this project is to develop a range of new workforce models in primary health.	<ul style="list-style-type: none"> Examining the roles of the existing community health workforce in the context of the new service model to achieve a better match with service requirements Identification of training needs to equip staff to work within new models of care 	<ul style="list-style-type: none"> Consideration of new workforce models to meet the new service requirements e.g. generic health degrees that will equip health providers to undertake lifestyle counselling and support in relation to chronic disease, increased utilisation of therapy assistants, direct care providers; expanded scope of practice for rural paramedics 		Assess progress toward goal: <i>Sustainability of the health workforce, including a long term strategy to link Tasmania's workforce needs to healthcare education and training and research</i>

PHSP Theme	Project	Outputs 6-12months	Outputs 1-2 years	Outputs 2-3 years	Outcomes 3+ years
Education and Training	<p>5.4 Learning for the Future</p> <p>The objective of this project is to expand the range of teaching sites in primary health.</p>	<ul style="list-style-type: none"> Work with the University to examine the feasibility of a Primary Health Clinical Education Centre at the Clarence Community Health Centre 	<ul style="list-style-type: none"> Working with the University to examine the feasibility of developing the Launceston General Hospital precinct as an enhanced primary/secondary Education Centre providing interprofessional learning for health professional students. All Rural Health Centres will be developed as Rural Health Teaching sites. 		<p>Assess progress toward goal: <i>The Department will work with the University of Tasmania and other educational providers to provide sustainable health workforce training and development, including a commitment to vocational, undergraduate and postgraduate student placements in primary health care and multidisciplinary settings</i></p>
Education and Training	<p>5.5 Expanding Education and Research in Tasmania</p> <p>The objective of this project is to strengthen links and expand the scope of education and research in primary health.</p>	<ul style="list-style-type: none"> Strengthen the Partners in Health agreement with the University in order to further develop primary health research and education in this state Explore the potential to expand allied health tertiary education within Tasmania including consideration of addressing priority workforce issues such as access to physiotherapy, nutrition, dietetics 	<ul style="list-style-type: none"> Further development of a degree course for Environmental Health Officers in Tasmania Increased workplace clinical psychology training across the Department. To undertake research and evaluation of the outcomes of demonstration sites established. 		<p>Assess progress toward goal: <i>The Department will work with the University of Tasmania and other educational providers to provide sustainable health workforce training and development, including a commitment to vocational, undergraduate and postgraduate student placements in primary health care and multidisciplinary settings</i></p>

4. Program Management Plan

While significant parts of the implementation work will be incorporated into normal business, the ability to report on the Primary Health Services Plan, as a whole, will require some governance structure.

The work streams associated with general practice and workforce/education will be reported on as part of the following ongoing arrangements:

- *MOU with General Practice Tasmania Network*
- *Partners in Health*⁷

1.4. Governance

The Program's governance structure is based on the *Tasmanian Government Project Management Guidelines Version 6.0* prepared by the Department of Premier and Cabinet.⁸

Governance for the PHSP operates within the context of the governance arrangements for Tasmania's Health Plan, detailed in **Appendix 2**.

The **Corporate Client** is the champion of the program and has ultimate authority. They promote the benefits of the program to the community and may be viewed as the 'public face' of the program. The Corporate Client of the PHSP is the Minister for Health and Human Services.

The **Program Sponsor** has ultimate accountability and responsibility for the program. The Sponsor oversees the business management and program management issues that arise outside the formal business of the Advisory Group. The Sponsor of the PHSP is DHHS Secretary.

The **Program Business Owner** is responsible for managing the program outputs for utilisation by the program partners. The Business Owner must be satisfied that the program includes all of the outputs necessary for outcome/benefits realisation. The Business Owner of the PHSP is the DHHS Tasmania's Health Plan Coordination Group.

While there are a range of other Government Agencies or Business Units that will utilise the program outputs, but do not have management responsibility for their ongoing maintenance or accountability for the realisation of outcomes/benefits, the primary **Program Business Partners** in the PHSP program are:

- Other Business Units within Community Health Services, DHHS
- Acute Health Services, DHHS
- Shared Services, DHHS
- the General Practice Tasmania network
- the Faculty of Health Science, University of Tasmania and
- the Australian Department of Health and Ageing.

The Function of the PHSP **Implementation Steering Committee** is to take responsibility for the business issues associated with the program. The Steering Committee is responsible for approving budgetary strategy, defining and realising benefits, and monitoring risks, quality

⁷ For more information on strategic partnerships see <http://www.dhhs.tas.gov.au/agency/partnerships/strategicpartnerships.php>

⁸ Details at http://www.egovernment.tas.gov.au/themes/project_management

and timeliness. The PHSP Implementation Steering Committee membership and Terms of Reference are at **Appendix 3**.

The PHSP **Program Coordinator** will work with the Agency Executive Committee, Implementation Steering Committee, Area Reference Groups, work stream Governance bodies, project and line managers, to put in place the processes, plans, structures and working relationships which will underpin the implementation of Primary Health Service Plan. The Program Coordinator will undertake high-level, on-going coordination across all projects, including:

- o Reporting
- o Quality Assurance
- o Evaluation
- o Will organise and highlight examples of successful local implementation at a state-wide conference on primary health.

The PHSP Program Coordinator is the Project Manager, Community Health Services.

The PHSP will be implemented through a range of activities and projects which have been grouped into work streams. The governance bodies for these work streams will be sourced from normal line management arrangements. Each work stream has a **Work Stream Coordinator**.

Each individual project team will produce the range of appropriate documentation. This documentation will demonstrate each project’s contribution to the achievement of the overall PHSP objectives and outcomes. Appropriate personnel will be appointed to support each project, and will be led by a **Project Manager**.

1.5. Reporting Requirements

Reporting requirements are set out in Table 4.

Table 4: Project Reporting Requirements

Reported by	To whom	Reporting requirements	Frequency	Format
Work stream coordinator	PHSP Steering Committee	Progress/Status Report	Monthly	Written and verbal
Project manager	Work stream coordinator	Progress/Status Report	Monthly	Written and verbal
Project manager	Project governance body	Progress/Status Report	As required	Written and verbal

Reports will include:

- o Status of the project
- o Milestones for the last reporting period;
- o Milestones for the next reporting period;
- o Milestones for the remaining period of the project;
- o Budget report (with respect to planned expenditure, actual expenditure and the deficit/surplus);
- o Issues report (including areas of concern, specific problems, and any action that needs to be taken by the Steering Committee); and
- o Risk management report (which will specify any changes to the major risks identified since the previous report and modification to the strategies put in place to manage them).

1.6. Stakeholder Analysis, Communication and Management

Broad guidelines are set out in the PHSP Implementation Communication Plan (**Appendix 4**). Stakeholders will be listed at work stream/project level.

1.7. Related Projects & Programs, Enablers

At the same time as the PHSP is being implemented, related and major responsibilities are being undertaken and/or implemented within DHHS include:

- the Royal Hobart Hospital redevelopment;
- the Clinical Services Plan (CSP);
- the DHHS Safety and Quality Plan;
- the DHHS Workforce Plan; and
- the DHHS Infrastructure Investment Strategy.
- the DHHS IT Blueprint Program

The following are common streams and are to be regarded as enablers for underpinning the overall effectiveness of the program:

- transport and accommodation, covering enhancement of Ambulance, medical retrieval, patient transport services and accommodation services;
- workforce planning, education, training and research and, recruitment and retention strategies;
- infrastructure and capital planning;
- Information Communications Technology, including TeleHealth, networks, patient administration system, electronic health record and other health technological developments;
- human resource management;
- change and transition management; and
- funding.

Both the PHSP Implementation Plan and the Clinical Services Plan Program Implementation Plan are located firmly within an operating framework which requires system-wide governance, a rolling-wave approach to planning, risk management and finally and most importantly, consumer engagement and regional consultation.

1.8. Risk Management

Risk analysis and the development of risk mitigation strategies must be undertaken and will be an automatic part of the developing project methodology in each work stream.

1.9. Quality Management

The program, and all associated projects, will be conducted in accordance with the Tasmanian Government Project Management Guidelines Version 6.0 March 2005. A Quality Review Consultant may be appointed to review the program and report to the Agency Executive and Implementation Advisory Committees.

The PHSP Implementation Steering Committee will ratify all significant changes to:

- Project scope including objectives, outputs, work to be conducted;
- Project budgets; and
- Project resources.

5. Evaluation & Review

PHSP would expect all associated projects to provide descriptions of outcomes and outputs as part of their evaluation plan, including the relationship to the achievement of the overall PHSP objectives and outcomes.

General guidance is set out in **Appendix 5**.

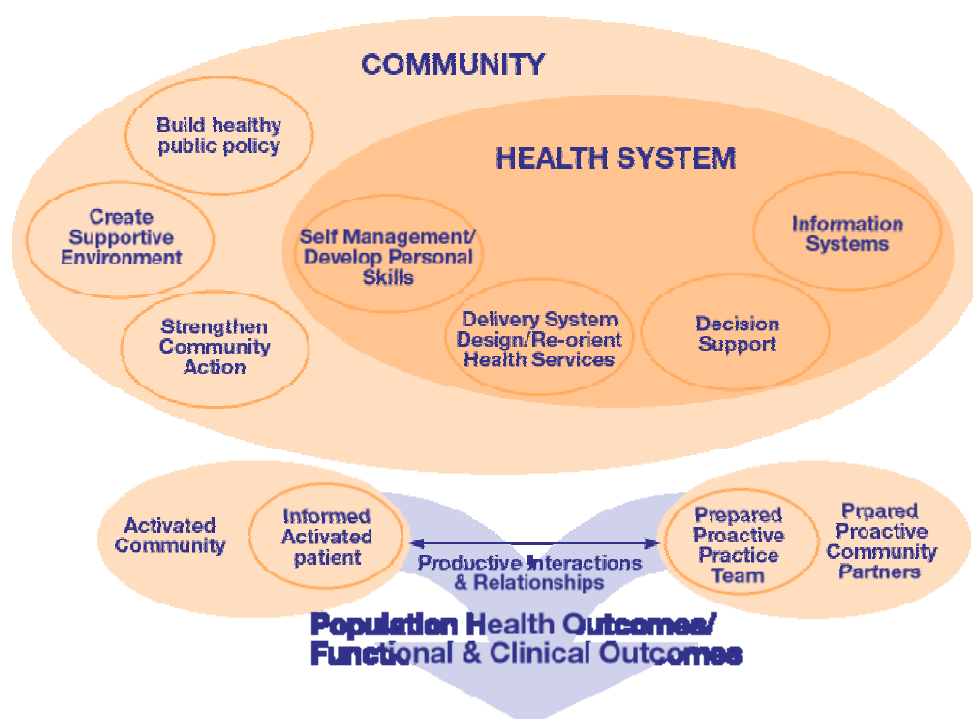
Appendix 1 Expanded Chronic Care Model

Tasmania’s Health Plan, and the Primary Health Plan within this, has provided the much needed opportunity to reorientate the Health system to one that more effectively prevents and manages chronic conditions.

Reviews of evidence have indicated that for primary care services to be effective in addressing Chronic Conditions there needs to be a re-evaluation of the basic systems that underpin the delivery of the services. Changes to these elements, when they have been found to be lacking, have greatly improved client health outcomes; client service usage; staff and client satisfaction; professional’s adherence to guidelines; and quality of service.

The Expanded Chronic care Model provides a useful conceptual framework for understanding what these elements are, as well as the interrelationship between them.

FIGURE 1: THE EXPANDED CHRONIC CARE MODEL



Copyright by: Victoria Barr, Sylvia Robinson, Ingrid Marie-Liik, Lisa Underhill, Anita Dettie & Darlene Rovinsky (2002)
Adapted from Glasgow, R., O’Connell, C., Wagner, E., Curry, S., Bolberg, L. (2001). Does the Chronic Care Model also serve as a template for improving prevention? *The Milbank Quarterly*, 79(4), 658. World Health Organization, Health and Wellbeing Canada and Canadian Public Health Association. (1998). *Ottawa Charter of Health Promotion*.

This model brings together the evidence based elements of the internationally recognised and implemented Chronic Care Model with the Ottawa Charter.

These elements and their practical application are summarised in the table below:

ELEMENT	DESCRIPTION	EG's
HEALTH SYSTEM - ORGANISATION OF HEALTHCARE Program planning that includes measurable goals for better care of chronic disease		
Self management / Develop Personal Skills	Emphasis on the importance of the essential role clients have in managing their own care. Enhancing skills and capacity for personal wellness	<ul style="list-style-type: none"> • Stanford CDSM Programs • Health Coaching • Smoking Prevention and cessation • Seniors walking and falls prevention programs
Decision Support	Integration of evidence based guidelines into daily clinical practice Integrating evidence based population health/health promotion strategies to facilitate the communities ability to stay healthy	<ul style="list-style-type: none"> • Development of disease specific clinical guidelines. • Development of health promotion and prevention best practice guidelines • 'Menu of Options' of community interventions to promote health and wellbeing for Local Governments
Delivery system design/reorientate health services	Focus on teamwork and an expanded scope of practice to support chronic care. Expansion of responsibility for health in the community to support individuals and communities in amore holistic way	<ul style="list-style-type: none"> • Clear assessment and referral processes • Case management & coordination systems • Collaboratives • Diabetes Risk reduction program • Advocacy on behalf of (and with) vulnerable populations • Emphasis on Quality Improvement on health and quality of life outcomes, not just clinical outcomes
Information systems	Developing information systems based on patient populations to provide relevant client data. Creation of information systems to include community and population data beyond the healthcare setting	<ul style="list-style-type: none"> • Patient recall systems • Patient specific outcomes data • Community needs and service planning assessments that take into account broader social determinants: e.g. poverty rates, transport availability, crime rates etc.
COMMUNITY – RESOURCES AND POLICIES		
Build Healthy Public Policy	Developing partnerships with community organisations that support and meet patients' needs Development and implementation of policies designed to improve population health.	<ul style="list-style-type: none"> • Service agreements with Community Organisations to provide risk modification and self management support programs • Tobacco control legislation • Active Communities Guidelines • Reductions in the price of fresh fruit and vegetables
Create Supportive Environments	Generating living and employment conditions that are safe, stimulating, satisfying and enjoyable.	<ul style="list-style-type: none"> • Maintaining older people in their own homes for as long as possible • Whole of community Initiatives : Eg Rockhampton 10, 000 steps • Well lit streets and walking/cycling paths
Strengthen Community Action	Working with Community groups to set priorities and achieve goals that enhance the health of the community.	<ul style="list-style-type: none"> • Empowerment of local communities • Supporting the community and local government to address the need for safe affordable housing

Reference to this model in the implementation of the PHSP will:

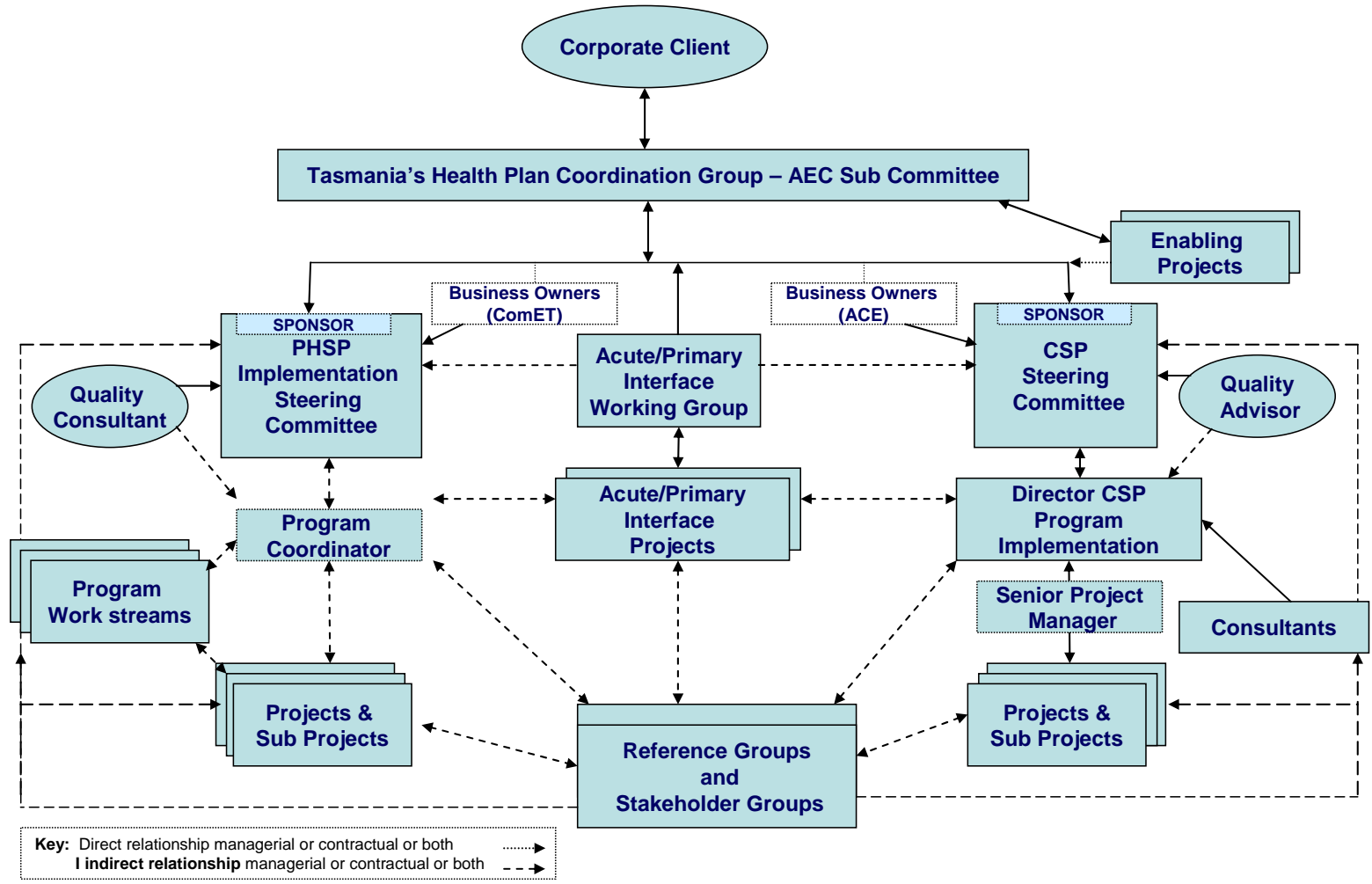
- provide the starting point for a common language and understanding of the essential elements of Chronic Disease Prevention and Management both within the health Sector as well as a the broader community.
- provide an overarching framework that is underpinned by evidence and recognized internationally
- assist in the system and service change planning processes through the tools already developed and trialled
- support quality assurance processes through existing tools and processes
- complement and provide a framework that reinforces, supports and validates many existing initiatives
- position population health and health promotion with a clear role in the overall prevention and management of chronic conditions
- underpin the development of a complementary best practice Health Promotion Plan

Outcomes

The result is that clients, health care providers and communities all have a recognised role and stake in helping improve the prevention and management of chronic conditions.

Appendix 2 Governance Arrangements for Tasmania's Health Plan

Tasmania's Health Plan Implementation Governance



Appendix 3 PHSP Implementation Steering Committee Terms of Reference

Background

Tasmania's Health Plan, consisting of the Primary Health Services Plan (PHSP) and the Clinical Services Plan set out key actions to be achieved across both sectors.

Purpose

To oversee the implementation of the PHSP.

Role and Function

The function of the PHSP Implementation Steering Committee is to integrate stakeholder and Agency interests to ensure effective delivery of the PHSP.

The Steering Committee is responsible for policy, monitoring the delivery of program outputs and the attainment of program outcomes. It is also responsible risk monitoring, quality and timeliness.

The role of the PHSP Implementation Steering Committee is to:

- provide those directly involved in the program work streams and projects with guidance;
- ensure effort and expenditure are efficiently applied and targeted to agreed outcomes;
- address any issue that has major implications for the program;
- keep program, work streams and projects scope under control; and
- integrate program work streams, reconcile differences in opinion and approach, and resolve disputes arising from them.

Membership

The PHSP Implementation Steering Committee shall be comprised of:

- Deputy Secretary, Community Health Services, DHHS;
- Director Primary Health, CHS, DHHS;
- Director, Facilities Management, SS, DHHS;
- State Manager, Population Health, CHS, DHHS – nominee of Director, Population Health;
- Director CSP Program Implementation, Acute Health Service, DHHS
- Manager Policy, AHS, DHHS – ex officio;
- Project Manager, Community Health, DHHS.

Member Roles

The Chair, Deputy Secretary CHS, shall convene the PHSP Implementation Steering Committee meetings. If the designated Chair is not available, then Director, Primary Health, CHS, the Acting Chair, will be responsible for convening and conducting that meeting.

The Role of the individual members of the PHSP Implementation Steering Committee includes:

- understand the strategic implications and outcomes of initiatives being pursued through program outputs;
- appreciate the significance of the work streams and projects for some or all major stakeholders and represent their interests as appropriate;
- be an advocate for the program's outcomes;
- have a broad understanding of project management issues and the approach being adopted;
- be committed to, and actively involved in pursuing the work stream and projects' outcomes.

In practice, this means they:

- ensure the requirements of stakeholders are met by the project's outputs;
- help balance conflicting priorities and resources;
- provide guidance to the project team and users of the project's outputs;
- consider ideas and issues raised;
- review the progress of the project; and
- check adherence of project activities to standards of best practice, both within the organisation and in a wider context.

Meeting Times

The PHSP Implementation Steering Committee shall meet monthly, or as required.

Meeting Protocols

The PHSP Implementation Steering Committee agenda, with attached meeting papers will be distributed at least three working days prior to the next scheduled meeting.

All agenda items must be forwarded to the Program Coordinator by C.O.B. five working days prior to the next scheduled meeting.

The minutes of each PHSP Implementation Steering Committee meeting will be prepared by the Program Manager.

Full copies of the minutes, including attachments, shall be provided to all Steering Committee members no later than five working days following each meeting.

The minutes of each PHSP Implementation Steering Committee meeting will be monitored and maintained by the PHSP Program Coordinator as a complete record as required under provisions of the *Archives Act 1983*.

Members of the PHSP Implementation Steering Committee shall nominate a proxy to attend a meeting if the member is unable to attend.

Review of Terms of Reference

The PHSP Implementation Steering Committee will be reviewed in January 2008.

Appendix 4 Communications Strategy

Purpose: This communication strategy has been developed to engage with the broader community in a positive way, promote the Primary Health Services Plan (PHSP) to key stakeholders and to assist in the management of risks.

Objectives: While continuing to work within arrangements to regulate intellectual property rights, client privacy, and the principles of the *Tasmanian State Service Act, 2000*, the program, work streams and projects of the PHSP will:

- Support *evidence-based policy making* by providing information to policy makers that can be used to improve health outcomes; service cost effectiveness; and integration of care between health and community services.
- Support *evidenced-based health care* by providing information to policy implementors (organisational and professional staff) that can be used by all staff to improve safety and quality standards.
- Support *professional development* by providing information to policy implementors to enable the upskilling of those involved in individual projects.
- Support *health research capacity* by providing information to Tasmanian and national researchers and evaluators.
- Support an *increase in the public awareness* of health systems innovation and development by providing information to the media and general public.

Target Audience: Stakeholders are listed at work stream/project level.

Key Messages: Key Messages to be delivered through the communication strategy will mirror the themes and associated goals within the Primary Health Services Plan.

Appendix 5 Evaluation Strategy

Purpose:	While any individual project evaluations will contribute to the broader Primary Health Services Plan (PHSP) strategy, more general guidance is contained below. A general set of protocols will assist in an evaluation product which has the maximum utility to government.
Background:	Tasmania's Health Plan includes both the Primary Health and Clinical Services Plans. Together they deliver a comprehensive road map for the development of all health services for the next 5 – 10 years.
Objectives:	<p>The evaluation of projects undertaken as part of the implementation of the PHSP will contribute to the capacity for evidence-based policy making. That is, the systematic application of the best available evidence to the development of policy and programs in the Tasmanian context.</p> <p>High level performance indicators will to be established for each of the project streams; and each project within that will have its own performance indicators. At project level, these will be aligned with the appropriate PHSP goal.</p>
Legislation:	All evaluations will work within the existing arrangements to regulate intellectual property rights, client privacy, and the principles of the Tasmanian State Service Act, 2000.
Interface issues:	It may be appropriate for some evaluators to provide other stakeholders with a draft evaluation report for comment prior to the finalisation of that report. This will vary according to project.