

PRIMARY CARE INTERFACE PROJECT IMPLEMENTATION PLAN 2010-2013

Project Officer: Melissa Loorham (revised September 2011)

Primary Care Interface Project Implementation Plan

The key strategic priorities for the primary care interface (PCI) project are:

1. Understanding and addressing the primary care stakeholders/ systems' needs and gaps.
2. Increasing the profile of SMICS in the primary care sector and building sustainable relationships/ partnerships with key stakeholders
3. Promoting patient centred care through patient communication and access for information
4. Engaging primary care providers in supportive care approach (access to emotional support, counselling, psychology and mental health services)
5. Exchanging and transferring knowledge and information
6. Promoting continuity and Integration of care (clinical & functional integration)
7. Supporting quality improvement and sustainability

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1. Understanding and addressing the primary care stakeholders/ systems' needs and gaps	Southern Melbourne Integrated Cancer Services (SMICS) will identify the key primary care stakeholders within the southern Melbourne and Peninsula region SMICS will identify the needs and barriers/ gaps to participation in cancer care across the cancer care pathway for primary care providers	a) Scope the existing primary care stakeholders across the southern Melbourne and Peninsula region	Stakeholder diagram and stakeholder analysis are completed representing the existing stakeholders for the defined region. Contact made with all key stakeholders to introduce SMICS and the Primary Care project. Initial stakeholder consultations were arranged and undertaken (2010).	2010-2011 Revisited June- Nov 2010
		b) Scope the needs, system gaps and explore opportunities to work collaboratively with primary care stakeholder groups in the primary care sector	Literature review of the needs and gaps of the primary care stakeholders. Stakeholder interviews identified a range of needs and gaps for primary care stakeholders through initial stakeholder interviews conducted in 2010. Stakeholder interview notes completed. Interviews were beneficial for the development of rapport, profiling SMICS and making links for future. Undertake second round of stakeholder meetings with key primary care stakeholder group executives: <ul style="list-style-type: none"> • Community Health Services (CHS) • General Practitioner (GP) Divisions/ Medicare local • Primary Care Partnerships (PCPs), • Monash University GP Services Explore community funding models in the areas of rehabilitation and support to reduce primary care system gaps. Liaise with other ICS to identify successful strategies that have resulted in increased engagement of primary care providers and the support of primary care stakeholder groups. Explore the role of the general practice liaison officer (GPLO) and	June 2010 May 2010- May 2011 July 2011- Oct 2011 08/11 11/11 11/11 11/11 Oct 2011

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			<p>practice liaison models locally and nationally to determine merit and adaptability to SMICS setting.</p> <p>Liaise with Victorian Cancer Oncology Group (VCOG) to identify the role of SMICS in screening and prevention in colorectal and cervical tumour streams</p>	<p>Sept- Oct 2011</p> <p>pending</p>
		c) Scope the needs, enablers, professional development interests and barriers to involvement in cancer care of GP and practice nurses across the cancer care pathway	<p>GP survey undertaken</p> <p>GP survey data analysis completed. The findings of the GP survey inform the development of strategies to improve GP participation in cancer care and the development of the professional development plan for primary care providers.</p> <p>Liaise with practice nurse officers in GP Divisions to conduct an online survey of practice nurses to identify areas of interest in cancer care and their perception of role in cancer care (utilise APN website forum/ survey).</p>	<p>Jun-Nov2010 May 2011</p> <p>July 2011</p> <p>pending</p>
	<p>SMICS will develop strategic priorities and activities to address:</p> <ul style="list-style-type: none"> • barriers to improve primary care provider engagement in cancer care • integration of primary care throughout the cancer journey 	d) Develop strategies/ activities to interface with primary care sector considering the steps of the patient care journey in which primary care involvement can be influenced (PMF, 2006): <ul style="list-style-type: none"> • risk assessment • screening/ prevention • supportive care • follow up care 	<p>Strategic priorities for the PCI project have evolved from outcomes of stakeholder consultation processes and a SMICS Primary Care brainstorm. The key strategic priority areas for primary care include:</p> <ul style="list-style-type: none"> • increasing the profile of SMICS in the primary care sector and building sustainable relationships/ partnerships with key stakeholders • promoting patient centred care through patient communication and access for information • engaging primary care providers in supportive care approach (access to emotional support, counselling, psychology and mental health services) • exchanging and transferring knowledge and information • promoting continuity and integration of care (clinical & 	<p>See strategic priorities 2-6</p> <p>Sept 2011</p>

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		<ul style="list-style-type: none"> palliative/ end of life 	<ul style="list-style-type: none"> functional) supporting quality improvement and sustainability <p>Seek direction from the SMICS Manager and CSIC Manager to align strategic priorities with SMICS overall strategic directions. Determine key priority activities for the primary care project officer in the next 12 months.</p>	pending
2. Increasing the profile of SMICS in the primary care sector and building sustainable relationships/partnerships	<p>Primary care providers and stakeholder groups will have an understanding of SMICS and SMICSs' role to facilitate cancer service improvements activities</p> <p>Sustainable relationships will be formed between SMICS and key primary care stakeholders, with ongoing efforts to foster partnerships into the future</p>	<p>a) promote awareness of SMICS initiatives and resources to primary care stakeholders and providers by SMICS staff. This will be facilitated by formalising links to the key stakeholders to enable communication and two way information sharing.</p>	<p>Regular formalised contacts/ liaison with the identified key primary care stakeholders to foster relationships and provide a two way exchange for information regarding SMICS and primary care.</p> <p>Undertake a second consultation phase with executives of primary care stakeholder groups to further promote SMICS work. (refer to strategy 1b).</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p>Key project activity- Maintain relationships and create sustainable partnerships for the future</p> <p>Liaise with GP Divisions and other stakeholder groups to create opportunities for SMICS to gain representation on primary care stakeholder committees.</p> <ul style="list-style-type: none"> South East Healthy Community Partnerships Medicare local applications within the SMICS region: Peninsula GP Network Dandenong Casey Division of GP Sth City/ Bayside/ Monash collaborative </div> <p>Raise the profile of SMICS and the primary care project through forums, conferences and links to professional bodies. e.g. Primary Health Care Research Conference (July 2012, Canberra)</p>	<p>2011- Ongoing</p> <p>Commence July 2011- Aug- Oct 2011</p> <p>August 2011– March 2012</p> <p>2011 ongoing</p> <p>October 2011</p> <p>Submit abstract 2011</p>

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			Primary Care Nurse Conference (Nov 2012, Melbourne) Submit poster to promote work and achievements of Primary Care Project at General Practice conference and exhibition, & Melbourne Practice Nurse Clinical Education Nov 16-18 2012.	
	SMICS will continue to be the facilitator for integration between the primary care sector and sub/ acute sectors in the southern Melbourne region	b) communicate with GP Divisions, GPLOs and PCPs to promote and incorporate the work of SMICS, integration activities and key cancer messages included in their communication resources to primary care providers	Liaise with GP Divisions, GPLOs to promote cancer service improvement activities of SMICS on a regular basis	2010-Ongoing
	Primary care stakeholders will utilise SMICS resources to remain current with SMICS initiatives and informed of best practice cancer care	c) facilitate local professional development sessions for primary care providers to increase their knowledge of SMICS initiatives and awareness of how to access best practice cancer care information	Collaborate with GP Divisions to provide professional development opportunities for GPs and practice nurses across the SMICS region regarding best practice cancer care. Promote local cancer specialists and local resources for cancer care. (refer to strategy 5b).	March 2011-ongoing
3. Promoting patient centred care through communication and access for information	People with cancer are provided with appropriate information that will support informed decision- making and access to services including provision of: <ul style="list-style-type: none"> an agreed core range of resources (screening, prevention, disease, 	a) Information resources are identified to address resource gaps in primary care (with consideration refer to <i>SMICS' Patient Information Framework</i>)	Liaise with GP Divisions and local GP practices to determine how and what type of information primary care providers provide to people with or at risk of cancer. Targeted efforts to improve information for patients in the areas of screening, prevention and survivorship Work with primary care providers, GPLOs and other community stakeholders to identify current information resource gaps and facilitate addressing these gaps including culturally and linguistically diverse (CALD) needs.	Sept 2011-May 2012 Sept 2011-May 2012

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	<p>treatment, supportive care services and key contacts) in English and other languages</p> <ul style="list-style-type: none"> • a range of additional resources that patients and carers can access if required • individualised information about patients' specific diagnosis and treatment (eg. summary letters) <p>Patients will have information about their diagnosis, treatment and follow up communicated in a sensitive and timely manner that is tailored to individual needs to facilitate understanding, recall and decision-making.</p> <p>GP practices are aware of the core information resources for patients with cancer, and seek guidance from SMICS website/ local cancer clinicians if they wish to acquire more specific information on a cancer topic.</p>		<p>Explore the efficient mechanisms for access/ supply/ distribution to ensure people with cancer and primary care providers receive this information in a timely manner.</p>	Pending
		<p>b) a core set of resources is identified to be offered to all people with cancer and their carers at specified points in the pathway relevant to primary care sector:</p> <ul style="list-style-type: none"> • risk factors • screening and prevention • follow up • survivorship (plans) • palliative care 	<p>Utilise existing resource sets developed through SMICS activities i.e. gynaecological, haematological cancer. Follow lead from the supportive care project in this area. (refer to <i>SMICS Supportive care strategic plan</i>)</p> <p>Communicate list of minimal resource set to primary care providers via GP newsletters, SMICS website, GP liaison units webpage's, etc. Provide updates on information as new resources are recommended.</p>	Pending
		<p>c) Each major cancer service site develops an information and support resource hub that:</p> <ul style="list-style-type: none"> • enables patients/ families to access information electronically and in hard copy • is linked with the Cancer Council Victoria (CCV) 	<p>Link in with supportive care project led discussions with member health services to identify how and where to develop an accessible information and resource 'hub'.</p>	pending

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	GPs are aware of: <ul style="list-style-type: none"> patient treatment and care recommendations generated from MDT meetings the purpose of a cancer survivorship plan the importance of patients carrying information between service providers empowering patients to make decisions about their own care. 	<ul style="list-style-type: none"> supports 'mini' resource libraries' at smaller services. 		
		d) SMICS explores the place/role and perceived value of a cancer management plans and survivorship plans for people with cancer in the southern Melbourne region.	Liase with primary care stakeholders to explore the use, role and value of management plans and survivorship plans utilised in the primary care sector e.g. chronic diseases.	pending
		e) Primary care providers will be upskilled to be involved in the development and use of management and survivorship plans.	Incorporate education regarding management and survivorship plans into the professional development calendar for primary care providers.	pending
4. Engaging the primary care sector in the supportive care strategy/ approach	Screening for supportive care needs: <ul style="list-style-type: none"> all people newly diagnosed with cancer (initial or recurrence) are screened for their risk of psychosocial distress and current supportive care 	a) Primary care providers are educated: <ul style="list-style-type: none"> in awareness of the risks for cancer patients of developing psychosocial issues and other supportive 	Incorporate education regarding supportive care into professional development calendar for primary care providers. Collaborate with GP Divisions and other primary care stakeholders to facilitate professional development opportunities to address supportive care needs of people with cancer. This education will include: supportive care screening, assessment, access and referral to supportive care and psychological services and will utilise a range of methods to provide education including: in- service sessions, uploads to web pages, podcasts and	Aug 2011 – ongoing 2012

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	<p>needs within one month of their diagnosis using an agreed tool and process across all SMICS services</p> <ul style="list-style-type: none"> • cancer patients whose supportive care screening identifies significant needs will be assessed to identify where and to whom they can be referred • all patients/ carers are provided with information about accessing supportive care services in the primary care sector, appropriate for their needs at determined intervals throughout the patient cancer journey. Specifically: <ul style="list-style-type: none"> • counselling • mental health program • ATAPS and GP psychological support • dietetics (CHS) • physiotherapy (CHS) • occupational Therapy (CHS) • peer support groups • psycho-educational programs 	<p>care needs at various stages across the patient journey.</p> <ul style="list-style-type: none"> • in how to access a supportive care screening tool or information on supportive care and local services • in patient needs assessment and appropriate referral from and within local primary care services <p>b) Primary care providers/ stakeholders have input and representation on supportive care advisory committees. The aim is to ensure that primary care sector services can inform and improve access and approaches for referral.</p>	<p>newsletter articles.</p> <ul style="list-style-type: none"> • link to the SMICS supportive care strategy to align activities in the primary care project. • communicate updates in the SMICS supportive care strategy to primary care providers (see strategy 5 knowledge transfer) <p>Liaison with GP Divisions, primary care providers and Community Health Services to identify availability and accessibility of existing supportive care services in the primary care sector.</p>	<p>Sept 2011 ongoing</p> <p>Jan 2012</p> <p>Nov 2011-Feb 2012</p>

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			<p>Key project Activity- Pilot program CHS Explore and workup a cancer rehabilitation model for pilot in the community health setting. The program will seek to improve access to supportive care services for people that have completed acute cancer treatment and offer support to transition back into survivorship and ongoing wellness. Aspects of the supportive care that would be covered in the program may include: physical, nutritional and psychological support. The pilot would ideally be supported by an affiliate acute health service. Explore models of rehabilitation in chronic disease management that have been successful in community health settings e.g. cardiac rehabilitation.</p> <p>Create a web link on the SMICS website to Medicare local allied health directory portal and Human Service Directory to improve GPs and cancer clinicians' knowledge of existing at allied and supportive care practitioners in the primary care sector. Electronic referral to allied health and supportive care is possible through directory portal.</p>	Pending SMICS website redevelopment
	A network of generalist and specialist counsellors, psychologists and mental health practitioners will be identified to strengthen timely access to services for cancer patients	c) Primary care providers are up-skilled and supported to provide emotional support to patients and carers.	<p>Appropriate communication skills training to support primary care providers to interact with patients and carers will be offered. This training will include:</p> <ul style="list-style-type: none"> • <i>Breaking bad news</i> • <i>Living with cancer</i> • <i>Eliciting and responding to emotional cues</i> • <i>Discussing sexuality with cancer patients their families and friends</i> • Queensland University of Technology Psychosexual learning 	Pending -link to professional development calendar

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	GPs will be actively involved in the provision of supportive care for cancer patients, families and carers		package <ul style="list-style-type: none"> • <i>Transition to palliative care</i> 	
d) all services develop effective protocols and referral pathways to GPs, community based counselling, psychology and or mental health teams. GPs coordinate and are responsible for the supportive care assessment and appropriate triage to local psychological and supportive care services.		Work has been undertaken and completed in the screening pilot for the supportive care project that identified referral pathways to counselling, psychology and support Liaise with stakeholders to identify existing mental health and psychology services available in primary care sector.	Pending Pending	
e) services develop and implement a strategy (or enhance current approaches) to facilitate patients/ carers access to peer support and group psycho educational programs held at SMICS, member health services or community based programs		Work with primary care stakeholders to identify any existing peer support or psycho educational programs in the community. Discussion with CHSs to identify needs and opportunities to communicate available groups and programs to support patients and their families/ carers.	Sept 2012 Sept 2011	

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		f) SMICS in conjunction with other ICS negotiates with the Cancer Council of Victoria to facilitate optimal access to service directories of community based supportive care services (see 2. Screening)	Liaise with CCV and ICS to facilitate information exchange of supportive care directory	Pending
<p>5. Exchanging and transferring knowledge and information</p> <p>1. Communication A two way communication approach</p> <p>2. Education A program of best practice education</p> <p>3. Research To foster research, innovation and best practice in the integration of primary care and cancer care</p>	<p>SMICS will disseminate the best available evidence and data to primary care providers/ stakeholders as a key mechanism to support and enhance the quality of cancer service provision.</p> <p>SMICS and primary care services will develop and maintain systems for the timely exchange of clinical information supporting more coordinated transitions of care between primary care and acute member health services.</p>	<p>a) SMICS in conjunction with primary care providers will develop and utilise a plan for two-way knowledge transfer and information exchange with primary care providers/ stakeholders in the areas of communication, education and research. The approach will utilise a range of methods to enable two way exchange:</p> <ul style="list-style-type: none"> • Friday faxes • GP clinic software • GP Divisions newsletters • APN website • SMICS website • primary care feedback loop (SMIS website) 	<p>Update the SMICS communication strategy to incorporate primary care:</p> <ul style="list-style-type: none"> • SMICS contact database: current primary care contacts • SMICS colleagues extend reach to primary care (profile and newsletter article on SMICS initiatives) • target messages to GPs and practice nurses: risk assessments, screening, secondary prevention, tumour specific, palliative care, guidelines, referral pathways, optimising communication between GPs and cancer specialists • link/ draw from existing cancer resources <ul style="list-style-type: none"> • Cancer Australia • Ed Can • EviQ guidelines 	<p>2010-Ongoing</p> <p>Sept- ongoing</p> <p>pending</p>

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		<ul style="list-style-type: none"> • primary care provider representation on leadership committees <p>A communication approach would be based on excellent communication exchange, timely and efficient delivery, improved access to information at the point of care and supporting the primary care providers to participation in cancer care activities.</p>		

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	<p>High quality best practice education and training knowledge is accessible and delivered to primary care providers.</p> <p>Primary Care providers in the southern Melbourne region actively engage in Continuing Professional Development (CPD) approved Cancer Care professional development opportunities to improve their knowledge base and confidence in their role in cancer service provision.</p> <p>SMICS provides a coordinated approach to Cancer management and supportive care training, education, communication up-skilling</p>	<p>b) Development of education and training resources/tools that are targeted to facilitate GPs participation in cancer care</p>	<p>Review the PMFs and existing guidelines to condense into user friendly one page format for primary care providers. Explore options for sharing supportive care template to primary care providers. Ideally these tools would be accessible on a Medical Director and hand-held mobile device, creating decision aids for use in a variety of places.</p> <p>Liaise with GP Divisions, GPLU to develop processes to transfer knowledge through existing and accessible modalities i.e. upload to websites, web links, Link to Medical director software (models that have improved GP participation and worth considering are :e.g. Kids Connect- Royal Childrens Hospital).</p> <p>Liaise with CCV and Cancer Australia to identify appropriate information on cancer risk reduction, screening, prevention and survivorship targeted information for GPs and health care professionals to help guide what tests to do, how to interpret the results, what prevention measures to promote. Deliver this information via the knowledge transfer processes and exchange strategy.</p>	<p>Pending</p> <p>Feb 2012</p> <p>Nov 2011</p>

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	A culture of research, innovation and best practice is fostered with primary care providers in the integration of primary care and cancer care	c) SMICS disseminates innovative quality improvement activity and research outcomes to primary care providers.	Liaise with MCCC and other leading cancer organisations, to align and promote/ share research and professional development opportunities from local, national forums and conferences. This sharing of information with the primary sector could include research and quality integration activities occurring in cancer service provision and could occur online, face to face and through the formation of a community of practice for GPs interested in cancer care.	pending
	A directory of cancer services is made accessible to primary care sector.	d) ? talk to Sue	Follow lead from Supportive Care project/ Consumer project for best approach to communicate and engage primary care professionals in the process of development of a directory of services (? Web) ?	pending
6. Continuity and integration of care	GPs will be increasingly recognised as a key part of the Multidisciplinary Team (MDT), will have access to MDT meetings and receive timely information exchange about outcomes/ plans of MDT discussions	<p>a) Promote MDT meetings role, membership and locations to primary care providers (to include processes for primary care providers to claim MBS reimbursement for MDT participation through a services directory.</p> <p>b) SMICS and Member health services develop strategies to increase GP access to and participation in MDT meetings and across other aspects of the</p>	<p>Liaise with GP Divisions, GPLOs and other primary care stakeholders to promote MDT meeting concept via Friday faxes, newsletters, forum etc</p> <p>Broaden tumour group membership to include primary care representatives. Work with existing stakeholder contact to identify GPs with special interest and GPLOs to participate in tumour groups.</p> <p>Remain up to date with the development of the SMICS Meeting Management System (MMS) to facilitate the introduction to the primary care sector and utilise opportunities to engage primary care providers participation in MDT meetings via the MMS.</p> <p>Consider the following options to increase GP access and participation to MDT meetings in the interim:</p> <ul style="list-style-type: none"> involve GPLO at member health services to seek input about improving two-way exchange of information, recognition of GP 	Sept- Dec 2011

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		<p>care pathways (through strengthened two way communication and information flow with General Practitioners) including:</p> <ul style="list-style-type: none"> • MDT meeting recommendations • information about patients supportive care needs • follow up plans (e.g. breast shared care project) • discharge summaries • chemotherapy advice letters <p>c) SMICS implement strategies to strengthen two way communication and information flow between SMICS health services and service sites and their understanding of processes and pathways at other services.</p>	<p>role, methods of communication.</p> <ul style="list-style-type: none"> • MDTs invite GPs to participate via webex technology and other information sharing processes. • facilitate methods to link MBS item numbers for chronic disease management plans to MDT meetings http://www.canceraustralia.gov.au/media/14669/cannet_medicare_items_for_cancer_care_web_version.pdf • liaise with NEMICS and WCMICS to identify processes to access Medicare Benefit Schedule (MBS) item reimbursement <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p>Key project activity- Explore GP liaison model in Barwon and successes in GP engagement Visit BSWRICS to observe the GPLU role in MDT meetings and identify aspects of the role that have improved GP engagement. Determine success factors and potential for adaptability of GPLU model to SMICS region.</p> </div> <ul style="list-style-type: none"> • identify GPs who may represent primary care throughout the development and testing phases of the MMS. 	<p>December 2011</p>

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	Primary care providers and stakeholder groups will have an improved understanding of the cancer service system at all points in the patient care pathway to facilitate improved patient care.	c) SMICS in conjunction with other ICS negotiates with the Cancer Council of Victoria to facilitate optimal access to service directories of community based supportive care (see strategy 2. Screening).	Work to identify existing services through established service directories e.g. CCV, NEMICS, and identify opportunities for use in SMICS catchment Utilise knowledge transfer activities to communicate this information to primary care providers.	
	SMICS will provide support to member health services to enable consistency of patient information exchange in the chemotherapy departments.	d) Review the use of the Chemotherapy advice letters that were implemented at member health services under SMICS guidance	Liaise with Chemotherapy Day Unit (CDU) managers at Southern Health and Peninsula Health to review the chemotherapy advice letters for use, detail and amend. See strategy 6b Liaise with CDU Managers to explore interest to standardise chemotherapy plan. Facilitate implementation of chemotherapy advice letters at Alfred Health and Cabrini Health	Sept 2011 Nov 2011
	Primary care providers are consulted and informed of any new developments in referral pathways.	e) Communicate information from the referral pathways project to primary care providers through existing mechanisms outlined in strategy 5a).	Follow lead from referral pathways project for best approach to communicate and engage primary care professionals in the process of development of referral pathways. Explore Peninsula Health referral pathways	pending
	Primary care providers will have access to palliative care skills and resources to facilitate early referral, secondary consultation and education (about palliative care and symptom management).	d) SMICS and the Southern East Palliative Care work together to address identified priorities	Liaise with South East Palliative Care (SEPC) to develop solution orientated approaches to sharing targeted palliative care information primary care providers. Explore the potential for Sub Clinical Attachment program in Palliative care for the southern Melbourne region.	Nov 2011

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7.Supporting quality improvement and sustainability	<p>Evaluation measures will be established to monitor the progress of the Primary Care project and to assist SMICS to meet their reporting requirements.</p> <p>To develop a culture of best practice and high standards and transparency through proactive and positive engagement of primary care.</p>	<p>Evaluation: A formative, summative approach will capture the progress and achievements of the project whilst enabling refinement of project direction over the life of the project</p>	<p>Program logic developed for PCI project together with the implementation plan provides a platform for developing monitoring and evaluation systems/ activities to facilitate ongoing reflection and assessment of the effectiveness of the Primary Care project and SMICS.</p> <p>Meet SMICS reporting measures including: governance reports, health board reports, Department of Human Service (DHS) reports, staff meeting and key performance indicators.</p> <p>Review framework to identify evaluation activities and systems to record and assess key activities, progress and outcomes. Reviewing the PCI project program logic the following six key areas will form the basis for monitoring and evaluation measures. The six key criteria include:</p> <ul style="list-style-type: none"> • knowledge management • information management • partnerships and relationships • integration • achieving specific primary care project goals • looking forward: building capacity and sustainability <p>Determine the evaluation questions that will address the criteria</p>	<p>May 2011, revisited May 2011-09-26</p> <p>Nov 2011</p> <p>Ongoing</p>

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			<p>identified and define activities to address the evaluation questions and establish routine mechanisms for ongoing monitoring and evaluation for the duration of the PC project.</p> <p>Share evaluation findings and success stories with primary care stakeholders and other SMICS group through existing communication methods at regular intervals.</p>	ongoing