***Practice Partnership   
Plan   
By identifying your needs, we can better support you, your practice and practice population***



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Your success matters to us. By helping to identify your practice needs we can better support you and your practice team. Complete this simple Practice Partnership Plan to help your practice to get the most out of us, your PHN, over the next 12 months.

# WHY HAVE A PRACTICE PARTNERSHIP PLAN?

By completing this Practice Partnership Plan with us, North Western Melbourne Primary Health Network (NWMPHN), you can identify what your practice would like to improve over the next 12 months. It also helps us to know where and how we can support you. This is a living document that is shared and reviewed throughout the year.

* **If you would like to document your practice’s QI activities - you can use our NWMPHN Quality Improvement Record. This can be found on our website on our** [Quality Improvement toolkits page](https://nwmphn.org.au/for-primary-care/quality-improvement/quality-improvement-toolkits/).



YOUR PRACTICE INFORMATION

1. Complete your practice details

|  |  |
| --- | --- |
| Date |  |
| Practice Name |  |
| **Lead contact for the Plan** |  |
| Name: |  |
| Role: |  |
| Phone Number: |  |
| Email: |  |

1. Tell us about your priority setting

|  |
| --- |
| **Think about:**   * ***Your patient population.*** *What does your practice data tell you about the demographics of your practice? What conditions do you see a lot of? Are there any challenges you can identify with your patient population?* * ***Your practice.*** *What are the current challenges for your business? Are there parts of the business that you would like to improve or grow?* * ***Patient experience.*** *What are your patients telling you about their experience at the practice either verbally or via surveys. Is there anything that needs to be improved or changed?* * ***Team experience.*** *What are your staff telling you about their experience? Is there anything that needs to be improved or changed?* |

Add your answers below

1. Thinking about those priority settings - what are the top priorities for your practice over the next 12 months? *For example: accreditation, data quality, improving care of patients with chronic conditions, recruitment etc.*

**What do you want to improve?**

1.

2.

3.

1. **Tell us a bit more about your practice**

**Is your practice…**

|  |  |
| --- | --- |
| Involved in research projects | Yes  No  If yes which projects and with who? |
| Currently a teaching practice | Yes  No If yes which kinds of students – nurse, GP registrar, medical students, other? |
| Involved in any NWMPHN projects | Yes  No  If yes which projects or programs? For example: Doctors in Secondary Schools |
| Currently completing any QI projects | For example: Future Health Today, NPS |

**What type of support is required from NWMPHN over the next 12 months?**

Quality improvement

Data interpretation (such as using PENCAT and Topbar)

Digital health (such as My Health Record, e-prescribing and secure messaging)

HealthPathways

Chronic Disease Management (including care planning, and health assessments)

MBS and PIP assistance

Accreditation support

Immunisation support

Cancer screening support

Family violence support

Emergency and Pandemic planning

Mental Health support (such as access to CAREinMIND services)

Suicide Prevention

AOD support

Priority populations (including Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse, refugee and LGBTIQ populations)

NDIS support

Education

Mentoring

Other areas - If you require support in areas not listed above, please outline below:

**When and how would you prefer NWMPHN to schedule a catch up about your Plan and support? Based on feedback from practices, we recommend 4 planned interactions per year with your QI Program Officer. These sessions ideally should be with the whole practice team.**

|  |  |
| --- | --- |
| Frequency | Fortnightly  Monthly  Quarterly  Other? |
| Preferred days and times |  |
| When do you clinical/practice meetings usually occur? |  |
| **Contact options** |  |
| Face-to-face visit (for practice team) |  |
| One on one visit (virtual via teleconference or videoconference) |  |

Putting your Plan into action

Your QI Program Officer will work on gathering the information to help your practice, so that when we visit your practice, we have the following things to talk about:

* A draft action plan Including suggested actions for your practice: what/who
* And actions for NWMPHN, that your QI Program Officer will work on
* Agreed date of next meeting

If you have questions, please contact your relationship manager who will be happy to help, or email [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au/)

**\**This section will be completed by the NWMPHN\****

Action Plan

**Time and date:**

**Name of NWMPHN QI Program Officer:**

**Summary of priority areas and or agreed practice improvement goals:**

**Summary of engagement and support:**

**Agreed actions for NWMPHN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Person responsible** | **By when** | **Completed (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Agreed actions for general practice team**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Person responsible** | **By when** | **Completed (Y/N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Confirmed schedule of planned engagement from NWMPHN for 12 months[[1]](#footnote-2).**

|  |  |  |
| --- | --- | --- |
| Aim of session | Date and time | Planned attendees |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other information or comments:**

**Thank you for having a current NWMPHN practice partnership plan in place. This Practice Partnership Plan reflects the next 12 months of activity and can be updated at any time in collaboration with your QI Program Officer. It will also be reviewed at each scheduled interaction.**

1. Practices can contact the PHN at anytime via email and phone [↑](#footnote-ref-2)