Terms of Reference

Effective Date	Day Month Year
Document Prepared	July 2026
Review Date	July 2027

Statewide Clinical Networks	Statewide Clinical Networks (SCNs) are central to advancing clinical excellence and collaboration across South Australia's health system. SCNs hosted by the Commission on Excellence and Innovation in Health (CEIH), bring together health professionals, consumers, and subject matter experts to provide clinical leadership, strategic direction, and drive innovation. SCNs build partnerships and engagement across institutional and professional boundaries, allowing for improved working relationships and open sharing of information to solve system level problems, create excellence in care delivery and improve health outcomes.
Primary Care Statewide Clinical Network	Primary care is usually the first point of contact for most patients and a key part of a coordinated health system. Strong primary care helps improve equity, reduce avoidable hospital admissions, support people with chronic conditions, and ease pressure on emergency departments. The Primary Care Statewide Clinical Network (PC SCN) serves as a system connector, bringing together primary care stakeholders and SA Health partners to strengthen service interfaces, facilitate information sharing, support engagement on statewide priorities and provide a central point of contact for primary care perspectives.
Purpose and functions	The PC SCN provides a formal mechanism that brings together primary care, consumers, and SA Health-funded system leaders to set priorities, support collaborative system-wide problem solving, influence decision-making and support practical, coordinated action within the network's sphere of influence. **Functions** - Provide a coordinated, representative and independent statewide primary care voice to SA Health through HCEC Clinical Council and other relevant forums. - Enable structured two-way engagement and representative consultation with the primary care sector to inform policy, projects and service design. - Improve visibility, information sharing and coordinated action across the primary care system by acting as a central point of contact between

L7 Citi Centre Building
11 Hindmarsh Square
Adelaide SA 5000
+61 (08) 8226 0883
ceih.sa.gov.au

	General Practice, Primary Health Networks, Local Hospital Networks, CEIH and other primary care related networks - Advocate to SA Health for better coordination between primary, secondary and tertiary care, to improve equitable access and smoother transitions for patients across the care journey. - Identify emerging issues and system impacts affecting primary care and support timely participation, advice and escalation where action is needed. - Contribute primary care advice and implementation insight to HCEC Clinical Council priority projects. - Host three primary care forums per year to facilitate connecting and collaboration across primary care. - Maintain a Primary Care Consultation Panel of experienced primary care stakeholders who are available to provide targeted, time-limited advice on policy, service design, implementation, communication, and system interface issues.
SCOPE	The PC SCN will focus on statewide system issues where primary care issues intersect with SA Health funded services including: - primary, secondary, tertiary interfaces - clinical information sharing and digital integration - urgent care, after-hours care and avoidable emergency department presentations - shared care and integrated models of care - access, equity and regional variation. The PC SCN does not: - undertake operational service delivery or service management activities. - act as an advocacy or lobbying body on behalf of individual organisations, professions or stakeholder groups. The PC SCN has an advisory, connecting and coordinating role. It supports system-level action, appropriate escalation and measurable improvement from a primary care perspective.

Membership and Responsibilities	**Membership**
	- Clinical Lead
	- Consumers (x2)
	- Department for Health and Wellbeing - Strategy and Governance, Clinical System Support and Improvement
	- Local Hospital Network - *GPIO*
	- Primary Care Clinicians from the following organisations:
	  ○ Royal Australian College of General Practitioners South Australia (RACGP SA)
	  ○ The Australian College of Rural and Remote Medicine (ACRRM)
	  ○ Australian Medical Association South Australia (AMA SA)
	  ○ Rural Doctors Association of Australia (RDAA)
	  ○ Australian Association of Practice Management (SA / NT Committee)

- Australian Primary Health Care Nurses Association (SA
- Aboriginal Community Controlled Health Organisation
- Adelaide Primary Health Network
- Country SA Primary Health Network
- Pharmaceutical Society of Australia (SA/NT)

Role and Responsibilities of Members

- Providing guidance on statewide primary care priorities, system barriers and opportunities for reform.
- Enabling decision-making pathways by linking the PC SCN to relevant SA Health, PHN, LHN and system governance structures.
- Identifying and addressing system enablers such as funding, policy alignment, workforce constraints, digital infrastructure and implementation barriers.
- Championing cross-system collaboration between primary care, SA Health, LHNs, PHNs, consumers and other key partners.
- Ensuring the consumer and equity lens is maintained, particularly for Aboriginal health, rural and remote communities, and priority populations.
- Acting as senior sponsors for agreed priority workstreams, where appropriate, to support implementation and system uptake.
- Share key messages with their organisations and bring relevant intelligence, risks and opportunities back to the Network.
- Attend meetings and complete agreed actions within required timeframes.
- Act in the best interests of the SCN and broader health system

Role and Responsibilities of Clinical Lead

- Build collaboration, share expertise, promote improvement and support clear communication across stakeholders.
- Review issues raised through the Primary Care Forum and determine appropriate actions, advice, escalation or referral pathways.
- Develop PC SCN objectives in collaboration with PC SCN members.
- Chair PC SCN meetings and PC Forums, ensuring:
  - effective and timely use of meetings
  - broad participation from all members including consumers
  - all decisions and actions are summarised and minuted
  - timely review and approval of meeting papers, communications and correspondence
  - any meeting discussions or decisions that are to remain confidential are highlighted
  - the nomination of a Deputy Chair.
- The Clinical Lead is supported by a CEIH Clinical Network Advisor and Network Support Officer

Responsibilities of CEIH support team (Network Adviser and Support Officer)

- Facilitate connections and collaborations across the health system.

	- Facilitate access to system level data and analytics as required. - Monitor progress of objectives and support communication across the broad health system. - Support the PC SCN's response to urgent concerns, such as Ministerial and CEO briefings. - Coordinate and guide the PC SCN through approval processes within CEIH or DHW. - Provide secretariat support (agendas, minutes, action logs, file management). **Working Groups** - The PC SCN may convene subcommittees or working groups for specific, time-limited objectives. - Chairs of subcommittees are responsible for reporting on progress at PC SCN meetings. - Secretariat support for subcommittees is to be discussed with the CEIH Network Director.
Governance and Reporting	- The PC SCN is accountable via the Clinical Lead to the Executive Director, Consumer and Clinical Partnerships (CEIH), who is accountable to the Commissioner (CEIH). - The Clinical Lead is a member of the HCEC Clinical Council. - Status reports are provided to the HCEC Clinical Council by the Clinical Lead as required. - The Clinical Lead (or representative) may represent the PC SCN at other primary care forums (e.g. RACGP GP Forum, Adelaide PHN GP network).
Communication and Collaboration	SCNs use agreed communication channels, including: - Group email correspondence. - MS Teams Channel. - PC SCN meetings and individual member discussions. - Webpage, LinkedIn. - Other methods as determined.
Meetings	**Frequency** - Meetings will be bimonthly. **Proxies** - Proxies are to be appropriately briefed, and the Network Advisor and Clinical Lead to be notified in advance of the scheduled meeting. **Decision Making** - Consensus is preferred with a majority vote if needed. - Tied votes are considered at the next meeting and/or escalated to the CEIH Executive Director, Clinical and Consumer Partnerships. **Quorum** - 50% of members plus one. - Meetings may proceed if a quorum is not present. In-principle decisions are confirmed out-of-session if quorum is not met.

	Attendance/Apologies - Attendance is expected at 75% of meetings and events per year. - Repeated absences may require a member to step down at the discretion of the Clinical Lead.
Conduct, Confidentiality and Conflict of Interest	- Members act ethically, maintain confidentiality and declare any conflict of interest prior to joining the SCN and as needed. - If there is a declaration of conflict of interest, members will refrain either from voting/ participating in discussions. - Conflict of Interest forms are completed annually or as needed. - Decisions made by the SCN are binding. Members will comply with the decisions and not participate in dissent outside PC SCN meetings. - When speaking on behalf of the PC SCN (e.g. at conferences, workshops) approval must be obtained from the Clinical Lead and in some cases CEIH Executive prior to speaking. - The Chair reserves the right to review the membership of any member who acts contrary to expectations. - Where discussions are deemed confidential, members will not disclose such information to any person outside of the SCN without the approval of the Clinical Lead.
Remuneration	- Sitting fees are available for PC SCN members for consumers, non-SA Health external individual stakeholders (e.g. General Practitioner, Nurse, Pharmacist) are paid as per the Sitting Fees and Reimbursement for External Individuals Policy. - Sitting fees are not available for attendance at Primary Care Forums. Remuneration for participation in Primary Care Advisory Panel activities will be determined on a case-by-case basis, subject to the nature of the request and available funding arrangements. -
Review of Terms of Reference	- Terms of Reference are reviewed annually or as otherwise determined by the Clinical Lead. - Changes require endorsement by the Executive Director, Consumer and Clinical Partnerships.
Primary Care Forum	The PC SCN will convene three virtual Primary Care Forums per year. Forums; - will bring together primary care stakeholders, consumers and SA Health system partners to share information, identify issues, test ideas and inform Network priorities; - may include guest presentations, updates from the Clinical Lead and opportunities for feedback; - and are voluntary meaning renumeration/sitting fees are not available.

Primary Care Advisory Panel	The Primary Care Advisory Panel is an expression-of-interest pool of Primary Care Forum members available to provide targeted, time-limited advice when primary care input is requested. The Advisory Panel is not a standing committee. It is a flexible advice mechanism activated when a specific request is received and accepted. The Advisory Panel will: - provide a clear entry point for targeted primary care advice; - provide timely input on policy, service design, implementation, communication, models of care and interface issues; - ensure advice is matched to the right expertise and perspective; - reduce consultation fatigue by using targeted engagement; - strengthen the quality and relevance of primary care input into SA Health and system reform work. When external groups request targeted advice through the Advisory Panel, the request will identify whether remuneration is available and who is responsible for funding participation.

Endorsement

Chair / Clinical Lead	[Clinical Lead Name]
Signature	
Date	
CEIH Executive Director, Consumer Clinical Partnerships	[ED Name]
Signature	
Date	

Revision dates

No.	Date	Nature of change(s)
0.1		