



8 December 2011

## **Re: VARIATION OF THE SUB-CONTRACT**

between Sunshine Coast Division of General Practice Ltd (SCDGP)

and

Participating General Practitioners

Regarding the '**Indigenous Smoking Cessation Pilot Program**'

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### **Pursuant to the Heads of Agreement Contract between:**

North Coast Aboriginal Corporation for Community Health (NCACCH)

and

Sunshine Coast Division of General Practice Ltd (SCDGP)

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### **Conditions**

1. SCDGP will support participating GPs by:
  - a. Facilitating appropriate cultural awareness training for participating GPs if and when required;
  - b. Providing a network of support for Practices/GPs involved in Indigenous health services;
  - c. Making timely Information Payments for appropriately completed Service Access Forms (SAF);
2. Participating GPs will have the written agreement of a Principal of the practice. A separate contract, with appropriate practice principal approval, will need to be completed for each practice in which a GP intends delivering services;
3. Information payments will be made via Electronic Funds Transfer (EFT) to the current nominated account;
4. Information payments will be in three parts. A **Demographic Information** payment (Part A of SAF - largely self-populating) of \$10 (+GST) will be made for GPs completing this section of the SAF only. A further \$10 (+GST) payment will be made to GPs completing the **Clinical Information** section (Part B of SAF).
5. **Quit Visit Information** payments of \$40.00 (+GST) will be offered for each smoking cessation related visit by a NCACCH client registered to quit through NCACCH.
6. The number of Quit Visit data submissions will not be capped for the Quit Visit form.
7. Termination of this contract must be notified in writing one month in advance by either party;
8. Any points of dispute between contracting parties will be resolved through discussion in the first instance. An independent facilitator may be appointed if agreed by both parties.



7 The Esplanade PO Box 389 Cotton Tree Qld 4558

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**A member of the Australian General Practice Network**

Please sign and fax the form below to the SCDGP to register your interest and involvement in the **'Indigenous Smoking Cessation Pilot Program'**.

Yours sincerely



James Lamerton  
General Manager

Date: .....
Name of GP: ..... <i>(please print)</i>
Signature (GP): .....
Name of Practice:..... <i>(please print)</i>
Name of Practice Principal: ..... <i>(please print)</i>
Signature (Practice Principal): .....

Date: .....
Signature: 
Name: <b>James Andrew Lamerton</b>
Position: <b>General Manager</b> <b>Sunshine Coast Division of General Practice Ltd</b>

