Information for Potential Respondents

Issue No: 2

18 April 2019

Reference Number: **SAH2019-348**

Title: **Priority Care Centres – SA Health**

GP Information Sessions - Proof of Concept Opportunity

1. **Questions and Answers**

A summary of the questions and answers given at the Information Sessions is set out in **Attachment 1**.

The following information is provided in good faith. SA Health does not represent the information to be complete or 100% accurate or that it should be relied upon without further investigation.

Please note closing date has been extended to **30 April 2019, 2:00pm** Adelaide time and is no longer the date published in the presentation (i.e. 23 April 2019).

For more information

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Attachment 1 – Questions and Answers

#	Question	Answer
1.	Won't this simply cause 'GP ramping'?	SA Health is seeking an opportunity to work in collaboration with Respondents and the PHN, to develop and implement a safe and effective service model that supports clients with low acuity conditions to receive safe and effective health care as close to their home instead of spending hours in hospital emergency department waiting room. SA Health would like to explore the possibility of certain clients being able to be treated at the Priority Care Centres and to be returned home to their community. SAAS will only transport to a centre that has an entrance that allows an ambulance to access it. SA Health will direct SAAS clients via ambulance to the Priority Care Centres based on the acuity level of clients and the scope of services offered by the Respondent(s)
2.	What is the Fee structure that SA Health has in mind?	SA Health aims to support a model in which the costs of the clinical services is bulk billed, claimable under Medicare depending on the client's circumstances.
3.	SA Health's preference is that the client and SA Health is not out of pocket. Working After hours will increase the cost for the centres exponentially, including nursing support, admin support, consumables, etc. How does SA Health propose to address this?	SA Health is proposing to collaborate with Respondents to develop a new service model as well as offer support to the Respondents in the manner best suited to that Respondent. Any arrangement with a Respondent involving payment will need to be compliant with the Health Insurance Act and the MBS Rules. To the extent it is permissible under the Health Insurance Act and the MBS Rules, SA Health may be able to consider: • Compensating the Respondent for non MBS related costs and expenses incurred as a direct result of the growth of these Services to meet the demand and associated add-ons eg Care Coordination. • In-kind support eg potential access to

		cheaper pharmaceuticals and consumables by utilising/leveraging off existing Whole of SA Health pharmaceuticals and consumables contracts.
4.	Recruitment of GPs to work these additional hours will be an issue. Will SA Health pay an incentive for GPs to work extended hours?	SA Health would not be looking to offer any incentive. Instead, it asks potential Respondents to identify what associated support that SA Health may offer that will help to support and encourage GPs to offer this new service delivery model.

5.	What is the volume of clients that SA Health envisages will flow to the Priority Care Centres? What is the majority type of presentations?	SA Health cannot guarantee a specific volume of patients that potentially may be suitable for lower acuity conditions, however it is envisaged that Ambulance transfers will transport appropriate patients to facilities where care can be provided.
		
		Currently, there are approximately 30 ED presentations/day in CALHN from residential aged care for related health issues; SALHN and NALHN have smaller numbers but still a reasonable volume per day.
		
		Data: Current ED Presentation (Average in 24hrs)
		• FMC – 250/day
		  ○ 150 Walk-ins
		  ○ 80-100 SAAS
		• Noarlunga – 120/day
		  ○ 100 Walk-ins
		  ○ 20 SAAS
		• RAH – 230/day
		  ○ 110 Walk ins
		  ○ 120 SAAS
		• QEH – 120/day
		  ○ 60 Walk ins
		  ○ 50-60 SAAS
		• LMH – 220/day
		  ○ 140 Walk ins
		  ○ 80-90 SAAS
		• MOD – 120/day
		  ○ 80 Walk ins
		  ○ 40 SAAS
		.

6.	How will SA Health help GPs that need a refresher or upskilling to perform eg sutures, plasters, lacerations etc where they may not be currently providing these types of services?	Respondents to the EOI are asked to identify any gaps in their proposed model and/or support that they would require from SA Health. It may be that a Respondent identifies some form of refresher/upskilling and/or direct clinical support is required or and/or advanced nursing support as a gap.

		For example, a Respondent may request that SA Health provide direct supervisory/telehealth support for the GPs or an Advance Practice Nurse where a client needs plastering for a broken bone. SA Health could offer direct access to nursing and allied health clinicians to assist with any complex assessment and treatment or facilitate direct admission to hospital where required. SA Health could also assist the Respondent(s) access to relevant information and clinical decision making via Telehealth facilities and relevant e-Health systems.
7.	Is there any accreditation process required for the new model?	SA Health requires that the GP centre/clinic must be accredited for General Practice services.
8.	How will SA Health ensure sufficient volumes will flow to the centres?	SA Health is considering a range of strategies that will assist with volume. One of those strategies is to transfer Ambulances to the Priority Care Centres, where appropriate to do so for the client and the GP practice. Another strategy includes developing a communications strategy for patients who regularly present to ED with lower acuity presentations and to advise the client to the nearest Priority Care Centre. This may help to increase the volume of walk-ins. Another strategy includes SA Health developing a communication media strategy which includes: • A website with information of the Priority Care Centres and the services provided. • Cobranding the Priority Care Centres with Local Hospital – emphasize the care offered at the Centres is of the same quality as that offered at an ED • Visual and print media advertising
9.	Does SA Health expect the Respondent to have access to allied support services such as pharmacy, pathology, and radiology afterhours? Access to radiology has always been an issue.	SA Health would like Respondents to have an established relationship with support services provided at the Centre or close by. SA Health will contact private radiology services to seek their support to extend

		opening hours to work in partnership with the Priority Care Centres where requested by the Respondent. It may be that SA Health could utilize its existing arrangements with SA Pathology to offer pathology support to the Priority Care Centres if requested by the Respondent.
10.	Would SA Health be interested in undertaking the billing for the services? For example, where Priority Care Centres utilize graduates who are willing to work after hours but do not currently have a provider number.	It is SA Health's preference not to claim activity or ABF funding and would like GPs to Medicare the patient for the service provided. SA Health will work with GP practices to co-design and develop a model that meets workforce needs. This would be explored in the co-design phase.
11.	How will client files and records of the treatment episode that occurs at a Priority Care Centre, which may not be the GP a client usually sees, be dealt with?	SA Health would be looking for the Respondent to use My Health Record to access patient information and to also upload eg a summary of the treatment/ procedures/advice given to the client, so that the client's regular GP and all other health service providers have immediate access to up to date information on the client. SA Health will aim to establish Telehealth facilities at the centre. This will enable the GP to seek additional information or advice from the Hospital Specialist. SA Health eHealth systems will work with the Respondent to provide this access.
12.	Is a Respondent excluded from submitting a response to the EOI if their GP/clinic/facility is not located within a targeted post code?	The targeted post codes have been identified using data that show high volume and low acuity conditions presenting to EDs. SA Health invites all service providers in and around the targeted post codes to respond to the EOI. If a Respondent submits a response to the EOI and it includes a number of organisations/parties eg a partnership or subcontracting arrangement, then the Respondent must detail which parts of the Requirements and Specifications that each party would provide and how the entities relate to each other. eg X party will supply the clinical services and Y party will supply the management/

		coordination/administrative services.
13.	What does co-design mean?	SA Health is looking to work in partnership with the Respondent(s) to design the model. Our recent experience in co-design includes reviewing progress every 4 weeks or so with each Respondent(s), identifying what works and what doesn't work and modifying the model as we work through it. It is about developing an integrated system of care that improves client flow, that wraps services around the person and improves their experience. The co-design phase will commence during Stage 2 of the EOI.
14.	Will there be any publications about this pilot to the community?	Proof of concept is an opportunity to show the outcome to the community, reduce wait times, and supply timely health care with a better outcome for the patient. We hadn't considered publications however we will consider this aspect when we move in to co-design phase.
15.	How will SA Health ensure the clients who come via ambulance get back home safely?	SA Health will ensure the safe transport of patients via ambulance to the Priority Care Centre. If a patient requires transport back to their place of residence in the community via a private provider, then SA Health will have a process in place to support this. Another option could be the provision of cab vouchers to the client. If a patient needs supervised transport to a hospital for admission this will coordinated by SA Health staff.
16.	What is the term of the proof of concept?	In the first instance the proof of concept is for 16 weeks covering the winter period. If proven successful, SA Health and the PHN will potentially extend the operation of a Priority Care Centre for a longer term.
17.	Who will pay for the consumables, pharmaceuticals, etc?	The Respondent will need to provide an indicative commercial model, including a proposed budget addressing all potential expenses that may be incurred by the Respondent as a direct result of the supply of consumables and pharmaceuticals.

		SA Health will work with the Respondent to identify the most appropriate and cost effective method to procure these items and reduce the impact of those costs/expenses on the Respondent. SA Health also envisages the potential to leverage off some of its existing arrangements to support the centres by supplying consumables at relatively cheaper prices and may be able to establish systems to replenish them on weekly basis during the term.
18.	How long will SA Health support this project, as there were issues with other projects in the past where government suddenly stopped supporting the project and these areas are left without support?	SA Health is looking for a sustainable model of care aimed to reduce presentations to the ED's and to provide timely, efficient and appropriate health care to clients. If successful, SA Health intended to continue this model of care by establishing more priority care centres across metropolitan Adelaide.
19.	GP practices are facing workforce shortages. It is difficult to obtain GP practice health certificates for an internationally trained medical professional on a visa. How would SA Health envisage addressing this issue to ensure adequate availability of GPs for after hour services?	SA Health will work through this issue in collaboration with the preferred respondents, during Stage 2.
20.	How would SA Health help GPs resolve Zoning issues affecting some GPs?	SA Health may be able to facilitate discussions with the Commonwealth on Zoning issues.