

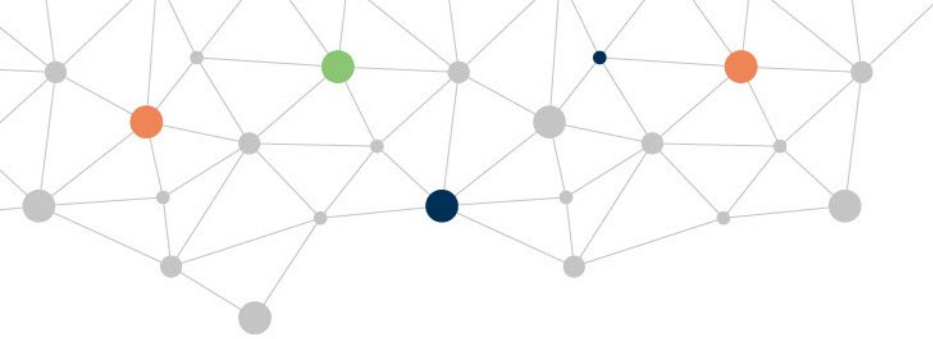
## Gippsland PHN

# After Hours Primary Health Care Program

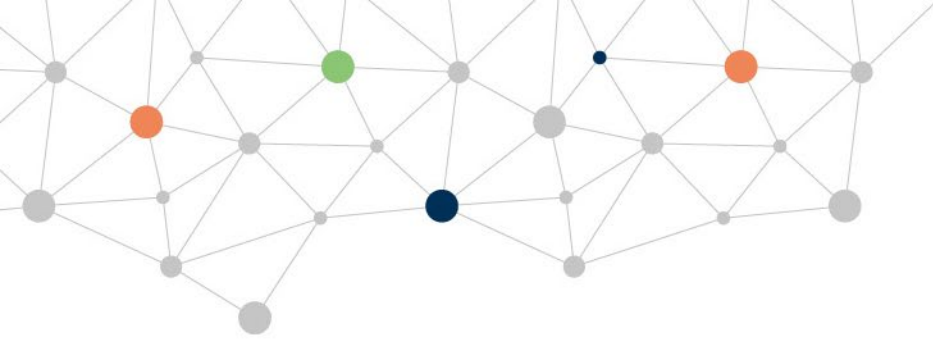
## PROGRAM GUIDELINES

### Table of Variations

Ref	Variation Type	Variation
Page 4	Information added (30.08.21)	<b>1. Purpose of the Operational Guideline</b>
Page 4-5	Information removed (30.08.21)	<b>2. Overview of Gippsland PHN</b> <b>3. Commissioning role</b>
Page 8	Information removed (30.08.21)	<b>2. Aims and Objectives</b>
Page 9-10	Information removed (30.08.21)	<b>3.3 Priority area of focus</b>
Page	Information removed	<b>3.4 Workforce competency</b>

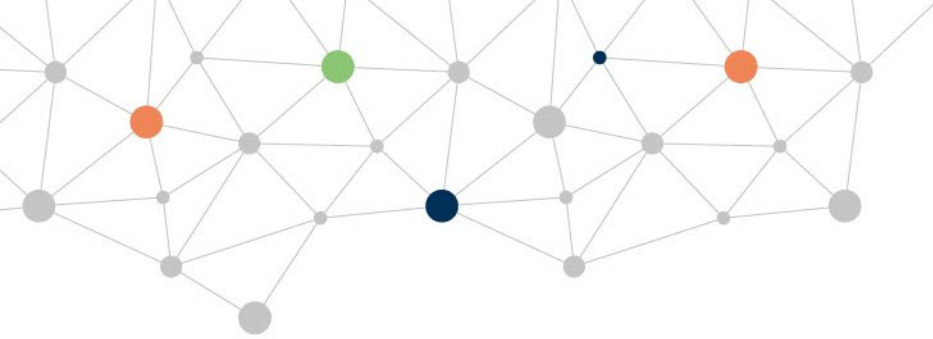


<b>10-11</b>	(30.08.21)	<b>3.6 Stepped Care Model guidelines</b>
<b>Page 12-17</b>	Information removed (30.08.21)	<b>4. Funding Guidelines</b>
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## 1. Purpose of the Operational Guidelines

The purpose of the Operational Guidelines is to provide operational advice, expectations and guidance and should be read with reference to the Service Order for the delivery of the Gippsland PHN After Hours Primary Health Care Program and the Gippsland PHN Commissioned Services Program Guidelines.

The Guidelines are not intended to be the only source of guidance for clinicians, nor should they take precedence over state or federal policy, which is subject to change. The Guidelines should be followed subject to the clinician's judgement in each individual case.

## 2. Program summary

After-hours primary health care for people in the community (i.e. not in-patients of hospitals) is usually provided by General Practitioners (GPs) funded by incentives and grants through the Australian Government Department of Human Services) and the Australian Government Department of Health.

Gippsland PHN's After Hours Primary Health Care Program will address gaps in after-hours service arrangements and improve service integration in Gippsland.

Maintaining existing after-hours primary care that is not within the scope of the Practice Incentive Payment (PIP) After Hours Incentive and facilitating access to after-hours medical services through innovation and collaboration with regional stakeholders will be the priority for Gippsland PHN.

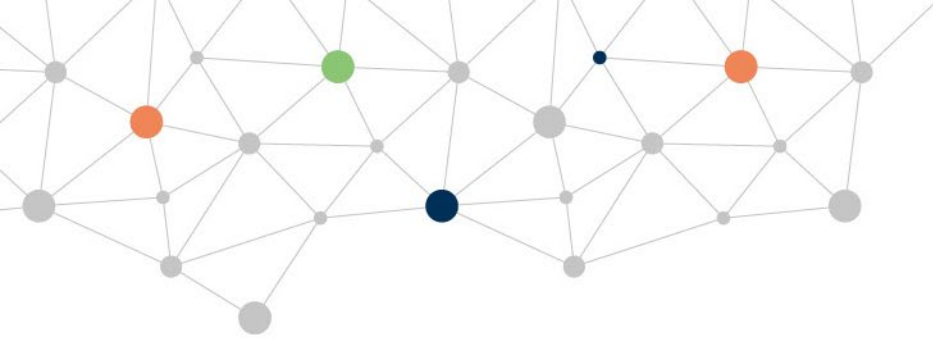
## 3. Aims and Objectives

Gippsland PHN will commission high quality, innovative, local relevant and effective after-hours primary health care focussing on:

- Understanding of needs and gaps of regional communities;
- Understanding the diversity and capacity of potential providers;
- Solutions for whole-of-system approach, co-design and outcomes;
- Sustainability and investment increasing provider capability and consumer access;
- Fair and transparent procurement and contracting promoting efficiency and value for money;
- Partnership development and sustainability;
- Collective governance, decision making and performance management and;
- Informative evaluation and monitoring processes.

Gippsland PHN will invite Health Services to contribute to the development of a quality, innovative, and effective after-hours primary health care service system for their Gippsland communities that prioritise:

- Patient outcomes by working collaboratively with health professionals and other services to integrate and facilitate a seamless patient experience;
- Appropriate and timely access to health advice and/or medical care after normal business hours;



- Service gaps and improved access to after-hours primary health care with consideration to vulnerable populations;
- Systems improvements to increase efficiencies and effectiveness to support continuity of care across service providers and the patient's regular GP and;
- Consumer awareness of after-hours primary health care in their community and improve patient health literacy on the appropriate health service to access in the after-hours period.

#### 4. Program scope

Gippsland PHN's After Hours Primary Health Care Program maintains activities that are outside the scope of the PIP scheme or MBS and supports communities:

- Without hospital services;
- With a high influx of seasonal holiday makers;
- Compromised by the loss of key medical personal;
- Serviced by one general practice;
- Where distance and travel restrictions prohibit ready access to care;
- Seeking information about alternative after-hours health care services; and
- Supporting areas with high after hours usage.

##### 4.1 Definition of the after-hours period:

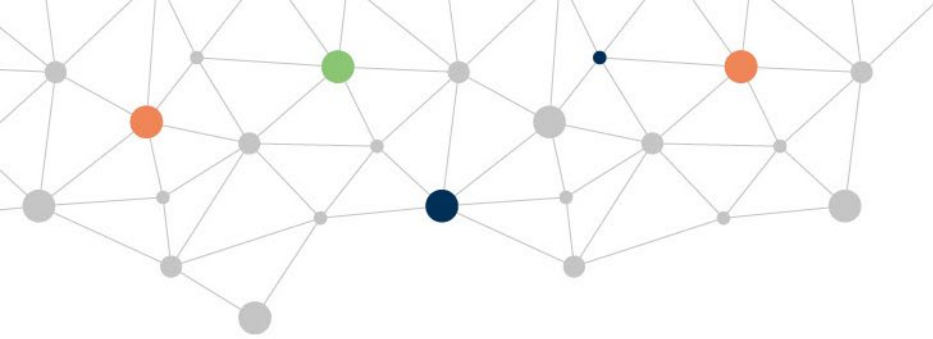
The after-hours period is defined as:

- Before 8.00am and after 6.00pm weekdays
- Before 8.00am and after 12.00pm Saturdays
- All day Sundays and public holidays

##### 4.2 Service planning

The After Hours Primary Health Care Program has a focus on improved cross sector partnerships and integration, better coordinated access and response between general practitioners and other service providers both clinical and non-clinical. When planning and developing for after- hours services, Health Services are to consider local models that are responsive to the health needs of their community, that utilise available and skilled workforce and align to the aim and objectives of the Program. It is expected that Health Services will adopt broad processes when planning and delivering after-hours service such as:

- Engaging with Gippsland PHN Health Planning, Research and Evaluation Program to access and/or assist with the interpretation of health and population data and other statistical information to assist to identify community needs.
- Identifying and engaging with local stakeholders to plan, implement, report, continually review and evaluate activities; and



- Consulting and liaising with other local health and community services to assist in integrating services, including identifying complementary services whilst avoiding duplication.

Refer to [Gippsland PHN Population Health Planning Resources](#) for assistance.

## 5. Workforce

### 5.1 Workforce models

When considering workforce models for the Program, Health Services can consider a range of employment models that is best suited to their location and workforce availability:

- Full-time or part-time employment of a general practitioner or nursing professional by the Health Service;
- Subcontracting services through general practices or groups of general practices;
- Sharing general practitioner or nursing positions with another organisation;
- Contracting visiting general practitioners;

Sub-contracting general practitioner or nursing positions on a purchaser-provider basis.

### 5.2 Workforce acquittal

Health Services may have employment models that vary from full-time salaried engagement of the After Hours Primary Health Care Program, which may lead to sharing of staff/contractor time across multiple programs. Where this occurs, organisations must ensure that time/services are properly attributed to each program. Organisations must also clearly delineate between After Hours Primary Health Care Program funds (and their use) and funds received from other sources.

Measures should be taken to ensure that if professionals are recruited from an existing local service, this service is not left under resourced because the position cannot be backfilled.

After Hours Primary Health Care Program funding should not be used to create a situation where existing primary health care is 'crowded out' or made less profitable.

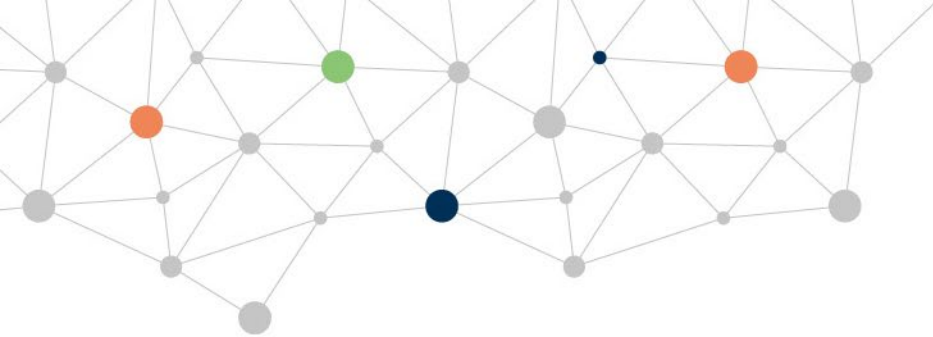
After Hours Primary Health Care Program funding should not be used to pay for services funded under other programs such as Victorian State Government funding.

Program funds must be separately reported to Gippsland PHN in the financial statements and reports submitted by the funded organisation under the Terms of the Agreement.

## 6. Referral pathways

The Program has a focus on increasing access to medical care and advice in the after-hours period.

Continuity of care will be achieved through written or electronic communication between the health practitioner providing the after-hours service and individual's usual general practitioner. All contact should occur in accordance to national privacy principles.



## 7. Funding guidelines

### 7.1 Fees and charges

After-hours services funded under the After Hours Primary Health Care Program should be provided free of charge to consumers.

Special circumstances may require that fees are charged for consumables and services e.g. if a After Hours Primary Health Care Program service is provided in a setting where a nominal fee was charged under a former program. Services wishing to seek a nominal fee from patients accessing the service must first obtain written approval from Gippsland PHN. The approval request should address how the following principles will be maintained:

- The expectation that an inability to pay fees will not result in an inability to access the After Hours Primary Health Care Program service e.g. additional concessions may need to be provided for pensioners and Health Care Card holders.
- People with high frequency health care needs are not charged more than a specified maximum amount in a given period.
- Revenue from fees will be used to enhance/expand the level of After Hours Primary Health Care Program service provision and will not result in an individual or agency receiving a financial gain i.e. cost recovery basis

### 7.2 Salaries of staff delivery costs

Service delivery costs are costs related to the direct provision of primary health care and may include:

- **Contract costs**

Contract costs of non-employed health professionals and other workers directly engaged by the funded organisation under the program, including clinical/health coordination. These costs are per contractor arrangements e.g. hourly rate paid on invoice.

- **Salary costs**

Salary costs of employed health professionals and other workers directly engaged by the funded organisation under the program, including clinical/health coordination costs.

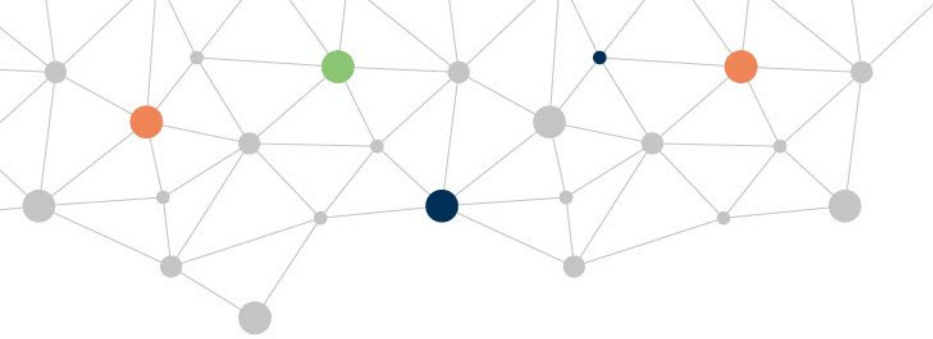
Contract costs/salary costs should comprise the majority of expenditure across the program to ensure that after-hours health services are delivered to communities in Gippsland.

- **Salary on-costs**

Salary on-costs of employed health professionals and other workers directly engaged in the program. On-costs are the additional costs (above the annual salary) incurred. These costs include provisions for superannuation, long service leave, workers' compensation and payroll tax.

### 7.3 Business and Operational costs:

Business and Operational costs are indirect costs associated with administering the program e.g. staff time for writing plans and reports, or for evaluation and monitoring. These costs may include:



- **Salary/Contract costs**

Contract costs of non-employed management or administrative staff. These costs are per contractor arrangements e.g. hourly rate paid on invoice. Salary costs of employed management or administrative staff engaged by the funded organisation to provide administrative support under the program.

- **Salary on-costs**

Salary on-costs of employed management or administrative staff directly engaged in the program. On-costs are the additional costs (above the annual salary) incurred. These costs include provisions for Superannuation, long service leave, workers' compensation and payroll tax.

- **Room rental costs**

Costs incurred by the program for renting rooms specifically for health professionals and other workers to provide after-hours services under the Program.

- **Professional indemnity costs**

Annual premiums paid by the Service Provider to cover professional indemnity costs for health professionals and other workers employed under the Program.

- **Travel and accommodation costs**

Travel and accommodation costs incurred by health professionals and other workers in provision of after-hours services e.g. outreach services, fly-in fly-out services.

- **Vehicle and running costs**

Vehicles that are used by health professionals and other workers in the direct provision of services under the program. In respect of motor vehicles, or any other substantial assets, leasing arrangements are preferred. Purchasing of motor vehicles will only be considered in exceptional circumstances and only after a business case has been submitted and approved by Gippsland PHN.

- **Professional development costs**

Course fees, conferences directly related to their profession (employees only) and service provision under the program.

- **Medical supplies**

Any purchases directly associated with consumables used by health professionals and other workers in provision of after-hours services e.g. supplies used in wound care.

- **Other administration costs**

Other costs may include audit fees, bank fees, catering costs for program meetings, IT network, office equipment hire and lease costs, depreciation on office equipment, general insurance, office cleaning costs, security, maintenance and licensing costs, and staff training and accreditation costs. A breakdown of these costs may be required by Gippsland PHN if requested.