

Addendum to EOI: EOI-2526-03

After Hours mobile primary care service for Residents in Aged Care homes – Expression of Interest

Addendum No:	1
Date:	14.08.2025
Summary:	Industry Briefing Questions and Answers

Industry Briefing Recording	
1	Please view the video at: After Hours mobile primary care service for RAC Homes EOI COORDINARE - South Eastern NSW PHN

Questions and Answers		
	Question	Answer
1.	Will IV antibiotics be charted by the after-hours team or need to be pre-charted? Will IV antibiotics be charted by the after-hours team or need to be pre-charted?	The after-hours team can prescribe and provide the IV antibiotics themselves and have authority to do so. They also have access to an on-call doctor for escalation if needed. If already charted by the GP, that's fine, but it's not required.
2.	Will questions and information from the session be shared publicly?	Questions and answers will be uploaded to the website, and any identifying information will be de-identified for privacy.
3.	Who makes up the clinical team for the after-hours service?	The team consists of upskilled community paramedics from State Medical Assistance. They will be dedicated to this project, and homes will get to know the same staff. An on-call doctor is also available for support.
4.	Which homes are eligible for the service?	Only homes within Wollongong, Shellharbour, and Kiama LGAs are eligible to apply.
5.	How can the \$15,000 grant be used, and what reporting is required?	The grant is for the home's implementation needs (e.g., extra staff, education) and is separate from the service cost. Reporting is minimal—including information on usage, with no detailed audited acquittals required.
6.	Who provides follow-up care after an after-hours call?	Follow-up is determined by the home's usual process—either ACOS or the GP, depending on the situation. The after-hours service is for non-urgent needs that can't wait until morning.
7.	Who will be providing the primary care service in the after hours period and what form will it take?	Upskilled paramedics with aged care specialisations will visit the homes in person to provide care.

8	Will the service provide onsite emergency treatments like ACOS does?	<p>This service is not an acute care model. Instead, it provides after-hours primary care for issues that cannot wait until the GP is available the next day, but do not require an emergency (000) response. There will still be situations where a hospital transfer is necessary, and others that are best managed by the resident's regular GP.</p> <p>RAC staff will receive clear guidance and education on when it is appropriate to use this service. It is designed to complement the existing ACOS hours—operating during the times ACOS is not available—and uses the same referral process, including a single call line, to make access simple and consistent for RAC staff.</p>
9	How will the service communicate with the usual GP or other after hours services such as ACOS?	<p>For ACOS, we are in communication with the NUM to ensure they are comfortable with the process in place. For GPs, a summary document will be emailed to them if one of their patients is seen, or they can access it in the homes clinical software. If your GPs have concerns or questions about this process, our COORDINARE's contact person is available to meet with them and see how we can adjust to fit their needs. Please send your request to commissioning@coordinare.org.au and we will arrange a meeting with you (via Teams/F2F).</p>
10	Will the service be able to access medication and aged care software?	<p>When clinicians attend a call-out, they will provide RAC staff with a handover document outlining the visit and any care provided. This document will then be uploaded into the clinical software by RAC staff. The care delivered by the clinical team is designed to be collaborative—working alongside RAC staff to support them, not to take over their responsibilities.</p> <p>Clinicians will carry a kit that includes medications up to S8, which they can prescribe as needed. They also have immediate access to a doctor for any concerns that require escalation. For treatments such as IV antibiotics, the GP will be informed when the course begins and can choose their level of involvement. Daily visits from the GP won't be necessary, as the clinical team will manage the treatment.</p> <p>Please also refer to this summary document of the service should any of your colleagues have queries.</p>

If you have other questions, please reach out to Business Team via send your questions to commissioning@coordinare.org.au.