

NSW Urgent Care Services

Expressions of Interest (EOI)

Purpose:

The purpose of this EOI is to elicit interest from General Practices who may be willing and able to provide Urgent Care Services and to assess their capability and readiness to do so.

Closing Date:

EOI are being sought over a three-week period. EOI must be submitted to your local Primary Health Network (PHN) by 5pm 2 December 2022.

Process:

EOI are being sought from General Practice (through PHNs) and Local Health Districts (LHDs).

Your submission of the attached application form to the local PHN will be assessed in partnership with the LHD. Applications will be prioritised using data analysis and local intelligence to ensure they meet the needs of the local community in delivering urgent care. The Ministry of Health will consider EOI put forward by each PHN/LHD to become part of the pool of sites interested in delivering Urgent Care Services in NSW.



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Overview

Background

Over the past decade, emergency department (ED) presentations across Australia have continued to increase. This, coupled with the pandemic impact on workforce and reduced access to primary and specialty care, has resulted in significant challenges for the NSW health system. To ease pressures on EDs and improve access to urgent care options for the community, The Commonwealth Government has committed to delivering 50 Urgent Care Clinics (UCC), 13 of which will be in NSW. The development of scope and location of these sites is currently in progress.

In addition, the NSW Premier the Hon. Dominic Perrottet MP has announced 25 Urgent Care Services (UCS) to be delivered.

There is a common objective of these announcements to improve health outcomes while providing urgent services in settings other than EDs where clinically appropriate. NSW Health recognises that UCS are delivered in a range of settings in the community that are not limited to UCCs alone. The purpose of this document is to allow Local Health Districts (LHDs), Specialty Health Networks (SHNs), Primary Health Networks (PHNs) and General Practice to put forward an EOI for suitable services to be considered as part of the broader NSW approach to UCS.

The purpose of this EOI is to seek interest and models from General Practices who may have the capacity and capability to provide suitable urgent care services in line with these announcements; contributing to the development of an Urgent Care System in NSW

The NSW approach of focusing on UCSs, rather than just Urgent Care Clinics allows flexibility in service delivery that is suited to the local context. These UCSs become part of a defined Urgent Care System so that there is differentiation between the primary care, hospital and urgent care systems in NSW.

NSW sees the Urgent Care System encompassing the following five UCS areas:

- <u>Urgent care triage lines</u> can provide an entry point to the urgent care system through assisted healthcare navigation and prevent confusion for patients, carers and families. Walk-in patients who attend clinics outside this process will not be turned away.
- <u>Urgent care clinics</u> provide episodic clinical care for patients with urgent but not lifethreatening conditions that are low acuity/low to moderate complexity
- Rapid response hospital teams providing specialist outreach urgent care from the hospital system to the community, usually at the patient's location
- <u>Services delivered in a patient's home</u> or current location may include crisis care such as mental health or drug and alcohol crisis care delivered in the community
- <u>Virtual care</u> safely connecting patients with health professionals to deliver care when and where it is needed via telephone, video conference, remote monitoring or store and forward (storing clinical information and forwarding electronically for assessment and management by someone else)

Governing Principles & Objectives

NSW Health aims to provide a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled. This EOI, and the delivery of Urgent Care Services in NSW, contributes to this vision as well as to achieving the strategic outcomes of the <u>Future Health Strategy</u>.

This project will enable NSW Health to provide a bridge between EDs and Primary Care by providing UCS that integrate to existing providers more effectively

These services will address the current service gap represented by difficulties in accessing primary care appointments at short notice, which is driving a significant proportion of urgent care ED presentations. Monitoring and evaluation of UCS will provide insights into services provided, access times, ED presentations avoided and human experience. This project will ensure the necessary planning and partnerships are in place to support the successful rollout of UCS across NSW in line with NSW and Commonwealth Government-specified commitments and timeframes. Urgent Care Services in NSW will aim to:

- 1. Reduce the volume of low acuity non-admitted presentations to ED that require episodic urgent care and improve timely access to urgent care services for patients, families and carers.
- 2. **Ensure that services remain episodic** by connecting the patient back to their General Practitioner (GP) for their care where appropriate or for follow up once care has been delivered in the Urgent Care Service.
- 3. **Provide complete care for the episode** with little need to refer a patient elsewhere. This will include ensuring on-site access to diagnostics such as radiology and pathology. 'On-site' refers to services that do not disadvantage or make it difficult for the patient to access (including proximity and opening hours).
- 4. **Provide a model of care that is flexible, multidisciplinary and tailored** to the local context to allow the right care for the patient, in the right place, at the right time
- 5. Provide services that are co-designed and delivered using a collaborative approach between Local Health Districts/Specialty Health Networks, Primary Health Networks, General Practice, patients, families, carers, the local community and other partners.
- 6. **Avoid duplication of models of care** in hospitals and primary care and where possible leverage existing models of care for a seamless transition between hospital care, urgent care and primary care. Ensure there is a principle of 'no wrong door' from the patient, family and carer perspective.
- 7. **Invest in models that are human-centred** and underpinned by kindness, compassion and empathy for staff, patients, families and carers
- 8. **Maintain or improve experiences and outcomes for patients** e.g. no significant increase in representations (noting some will be expected but rate should not shift), no increase in rate of hospitalisation or mortality rates, increase in overall experience and engagement of staff, patients, families and carers and efficient use of resources
- 9. Provide care at no cost to the patient under models that are sustainable and financially viable for Local Health Districts/Specialty Health Networks, Primary Health Networks and General Practice

What is the EOI process?

To ensure applications meet the needs of the local community, a two-step process applies to this EOI.

1. Local shortlisting and prioritisation

- Completed responses using the attached General Practice application form should be sent back to the relevant PHN Executive by 2 December 2022. Local prioritisation will occur for all applications received.
- Please ensure all sections of the application are completed in their entirety **and provide a key contact for the Practice** as the liaison point for the application.
- Blank or empty required sections will be considered incomplete and may not proceed to the Ministry of Health for consideration.
- A response lodged wholly or partly after the closing time will be registered as a Late

Response and may be excluded from evaluation.

2. EOI submission and evaluation

- Prioritised applications will be put forward to the Ministry of Health by your local PHN for consideration by 10am 9 December 2022. The Ministry of Health is seeking to determine a pool of suitable services that can be identified as having the capability and capacity to deliver urgent care services in their local area
- Funding discussions will take place once the scope, location and funding model across all aspects of UCS have been determined for NSW.

Submission Questions and Clarifications

You may contact your local PHN if you have any questions or require clarification on any topics covered in this EOI.

The PHN may forward you question to the Ministry of Health if required

Please note that questions and answers of broad impact or significance will be communicated to all applicants and PHNs

Statement of Requirements

The following items are required to be detailed in your application:

- All items in the response section of the relevant attachment must be completed.
- Collaborative delivery of services by General Practice, PHN and LHD/SHN is encouraged wherever possible. There is also opportunity for specific statewide services to be managed by NSW Health where there is an identification of common services across multiple submissions.
- Your application should detail the expansion of an existing UCS or establishment of a new UCS that is part of the NSW five stated areas of the Urgent Care System.
- The specific UCS described in the application must meet the nine governing principles stated in this document.
- If not already participating in the <u>NSW Health Lumos program</u>, applicants must be prepared to participate in data sharing arrangements through the Lumos program. Additional data collection will also be required to ensure capture of complete patient episodes for evaluation purposes.
- Patients must not be excluded from the UCS based on being an existing patient of the practice alone. This extends to both paediatric and adult patient cohorts. The service must be willing to accept patients not currently on the practice's books where appropriate.
- Mode of patient access must be specified in the application, noting that walk-in patients who
 attend clinics cannot be turned away. There may be a difference in how NSW and the
 Commonwealth approach this aspect. Services that involve face-to face appointments
 should have the technical ability to accept on-line booking appointments through a central
 intake service and local referral pathways to allow flexibility in access..
- The UCS must be delivered over extended hours; business hours only applications will not be considered. Hours should cover (but not be limited to) 8am-8pm Monday-Sunday and public holidays.
- Each UCS will be expected to participate in the evaluation and monitoring process

Timeline

EOI application step	Date
Briefing session for LHD CEs and PHN CEs	27 September 2022
2. EOI released to LHD/SHN and PHNs	3 November 2022
EOI distributed to General Practice by PHNs	9 November 2022
EOI returned by applicants to relevant LHD/SHN and PHN executive for review and prioritisation	2 December 2022
5. Prioritised UCS applications sent to Ministry of Health	10am AEDT 9 December 2022

Evaluation

Evaluation of prioritised General Practice applications will be based on:

- Meeting the Statement of Requirements
- Alignment with UCS governing principles and approach
- Readiness and capability of service to expand or establish a new service
 - o Timeline for operationalisation
 - Diversity, inclusion and belonging capability
- Value of offering
 - Resourcing required existing or enhancement, staffing or goods and services, block or activity funding (where relevant), inclusion of reallocation or offset opportunities
 - Volume of activity to be delivered
 - o Benefits and outcomes for patients, caregivers and the organisation
- Human-centred approach to delivery of the service

NSW Urgent Care Services General Practice Application

An Urgent Care Service (UCS) provides community-based and human-centred care to eligible patients with urgent non-life-threatening illnesses and injuries who would have otherwise attended an emergency department (ED) to seek treatment. These patients are usually ED non-admitted triage category 3, 4 & 5

NSW is focused on the development of an Urgent Care System which encompasses five keys areas of UCS:

- <u>Urgent Care Triage lines</u> can provide an entry point to the urgent care system through assisted healthcare
 navigation and prevent confusion for patients, carers and families. Walk-in patients who attend clinics
 outside this process will not be turned away
- <u>Urgent Care Clinics (UCCs)</u> provide episodic clinical care for patients with urgent but not life threatening conditions that are low acuity/low to moderate complexity.
- Rapid response hospital teams providing specialist outreach urgent care from the hospital system to the community, usually at the patient's location
- <u>Services delivered in patient's home</u> or current location may include crisis care such as mental health or drug and alcohol crisis care delivered in the community
- <u>Virtual care</u> safely connecting patients with health professionals to deliver care when and where it is needed via telephone, video conference, remote monitoring or store and forward (storing clinical information and forwarding electronically for assessment and management by someone else)

UCS' uniquely distinguish their services from usual care in general practices as they provide short term, episodic care for non-life-threatening urgent conditions requiring same day assessment or treatment. Once a patient has been treated by an UCS, they will be discharged, and ongoing management and clinical care will be handed over to the patient's usual GP, even if the patient is referred to another service for higher level clinical care.

UCS have extended hours of operation, appropriately trained clinical staff, access to a network of resources and can streamline referrals to other healthcare providers where required.

Expressing interest in becoming a NSW Urgent Care Service

This application process seeks to scope interest and capacity among General Practice to expand their existing UCS or establish a new UCS; we appreciate your interest in this exciting opportunity.

Before completing this UCS EOI form please review the **NSW Urgent Care Service** Expression of Interest document to ensure you are familiar with the EOI process and specific requirements.

Please note there is no capital funding available for this EOI - funding will be for expansion of existing services or establishment of a new UCS.

Please return this applications to your relevant PHN executive



PRACTICE CONTACT DETAILS			
Practice name			
Address			
Email			
Phone			
Current operating hours a	and days		
Practice Manager name			
Principal GP name*			
* Note: This EOI form should be	e completed by the Principal G	P/GPs or person nominated by	the Principal GP/GPs.
WHY ARE YOU EXPRESS	SING INTEREST IN NSW U	RGENT CARE SERVICE?	
Please share with us wha	t has inspired you to be in	volved in NSW Urgent Ca	re Services?
YOUR PRACTICE (please	tick all that apply)		
Billing	Private	Bulk-Billing	Mixed
Appointments	Walk in	Appointment only	Mixed
Do you have the capacity	to:		
 Accept new patients Accommodate walk in patients 			☐ No ☐ No
What is your usual wait time for next available appointments?			
Are you registered for PIPQI?		Yes	☐ No

Are you an accredited practice?		Yes			No	
		If yes, what was the date of accreditation?				
Are you participating in Lumos		Yes] No	
If no, are you prepared to participate in	n Lumos?	Ye	2 \$] No	
WORKFORCE - YOUR PRACTICE	ГЕАМ					
Administrative staff	Yes		No		FTE:	
Medical Practice Assistant	Yes		No		FTE:	
Practice Manager	Yes		No		FTE:	
Practice Nurse	Yes		No		FTE:	
General Practice Pharmacist	Yes		□ No		FTE:	
General Practitioners - Owners/Partners			FTE:			
General Practitioners - Employed/C	Contracted				FTE:	
General Practitioners - Registrars					☐ FTE:	
Do you have access to both male a that could work within the UCS?	access to both male and female GPs ork within the UCS?			☐ No		
How many of your health professionals have ED experience?						
Do you have co-located allied health providers?			No			
If yes, please list (i.e., psychologist, dietician etc.)						
Do you have a co-located Pharmac	a co-located Pharmacy?			No		
	you have co-located diagnostic imaging services ch as X-ray, CT and/or ultrasound?			No		
Do you have co-located pathology	pathology services?			No		
Do you have any other co-located health service providers? (Please list)						
Do you hold regular practice team/	clinical meetings	s?	Yes		No	
If yes, what is the frequency of your team/clinical meetings?						

YOUR PRACTICE (please tick all that apply)		
Do you have cultural competency policies, practices and training in place for staff?	Yes	No
If yes, please provide supporting examples and docume	ents.	
Do you have the ability to identify and address the needs of the Aboriginal and Torres Strait	Yes	No
Islander community?		
If yes, please elaborate on how you do this.		
Do you have the ability to identify and address the needs of the culturally and linguistically diverse (CALD) community?	Yes	No
If yes, please elaborate on how you do this.		
PRACTICE FACILITIES		
Do you have a treatment room?	Yes	No
If so, how many? Please provide information around	number of beds and size of	rooms.
How many waiting rooms do you have?		
Do you have the capacity to separate out your		□ Na
usual waiting room from the Urgent Care Service waiting room?	Yes	∐ No

Do you have the capacity entrance for Urgent Care	•	Yes	☐ No
Can this separate entrand		Yes	☐ No
What are your current after	er-hours processes?		
Are you undertaking televideo conferencing consu		Yes	☐ No
Do you provide e-prescrip	otions?	Yes	No
Do you store medicines/o	lrugs on site?	Yes	No
Please specify? (e.g., S4/	S8 drugs)		
Do you have a vaccine ac	credited refrigerator?	Yes	☐ No
Do you currently have consequipment that can be usurgent care conditions?		Yes	☐ No
Please specify which consumables/equipment you have (e.g., ECG machine, defibrillator, shock, IV lines, slings, moon boots etc).			
SYSTEMS AND IT INFRAST	RUCTURE		
Which clinical management	ent system do you use in y	our practice?	
Best Practice	Medical Director	ZedMed	Other
Version:	Version:	Version:	Please Specify:
Do you have an online bool	king system?	Yes	No
		If yes, please specify	
Are you listed in the Nation Service Directory (NHSD		Yes	☐ No
PenCAT		Yes	No
TopBar		Yes	No
Electronic Shared Care Planning		Yes	No

	If yes, please specify	
Dials Observing and and	T Ve	□ Na
Risk Stratification	Yes	No
Data Visualisation i.e., QLIK Sense	Yes	No
GoShare	Yes	No
Patient Reported Experience Measures/ Survey/Focus Groups	Yes	□ No
Patient Reported Outcome Measures	Yes	No
Patient Activation Measure Tool	Yes	No
Proposed Urgent Care Service		
Proposed Urgent Care Service Please provide a description of the proposed Urge	ent Care Service	
	ent Care Service	
	ent Care Service	
	ent Care Service	

How does the proposed service align with the NSW Urgent Care Services approach?
What resources are required to expand or establish the Urgent Care Service? Please include annual
estimates of any funding required from NSW Health and an outline of services already funded under MBS. At this stage funding estimates will be suitable as it is acknowledged that precise amounts may not be available.

What would be the timeline for operationalising the proposed Urgent Care Service expansion or establishment?
What urgent care specific clinical conditions will be treated in the expanded or established service and what are the expected Urgent Care Service outcomes? Please include access, activity, outcome and experience data (from an existing service if available) that provides justification for expansion or establishment of the Urgent Care Service

