



Priority Primary Care Centres – Information session

25/10/22

Victoria's Primary Health Networks



WELCOME

I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today. I would also like to pay my respects to Elders past and present.



Agenda

Item	Speaker
Welcome and acknowledgement of country	Bianca Bell (NWMPHN)
Introduction to PHNs	Marita Sealey (SEMPHN)
Introduction to Priority Primary Care Centres (PPCCs)	Kathryn Whitfield (Department of Health)
Victorian PHN collaboration - Commissioning process, funding and timelines	Bianca Bell
Questions on the PPCC model	Kathryn Whitfield/Marita/ Bianca
Close	

PHNs – who are we, what do we do?



31 Primary Health Networks (PHNs) were established in 2015 to improve:

- efficiency and effectiveness of health services for people, particularly those at risk of poor health outcomes, and
- coordination of health services and increase access and quality support for people.

To achieve these goals, PHNs:

- assess the health needs of their region
- commission health services to meet prioritised health needs
- work closely with providers to build health workforce capacity and ensure they deliver high-quality care
- connect health services for people to encourage better use of health resources and avoid duplication.



The Victorian Government is establishing twenty-five new Priority Primary Care Centres in Victoria

The Victorian Government will establish 25 new GP-led Priority Primary Care Centres to give Victorians the care they need while easing pressure on our busy emergency departments.



Existing GP clinics will be commissioned to be PPCCs in partnership with Primary Health Networks, with locations based on consideration of population, community needs and emergency department demand.



The first five PPCCs are commissioned, **three PPCCs are open** and the final two are opening in the next fortnight.



Funding has been provided for an additional 20 PPCCs to operate for 12 months. All PPCCs **aiming to be open by end of 2022.**



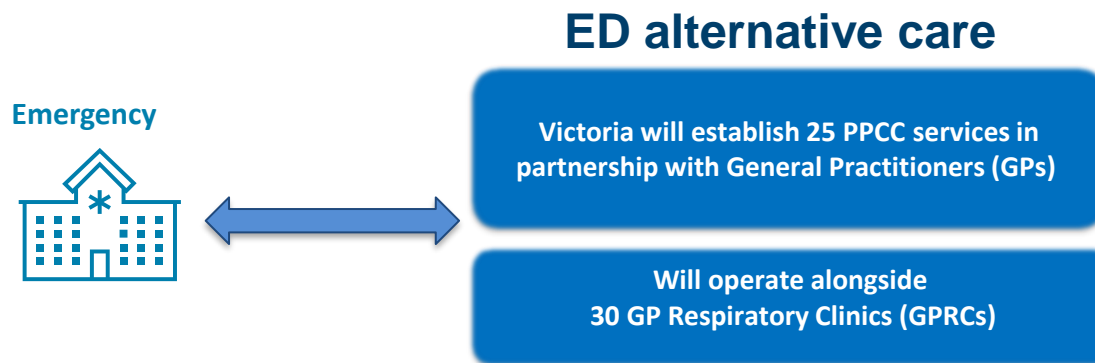
PPCCs will provide **episodic care for urgent conditions** and refer patients back to existing GP or support them to identify a GP.

PPCCs are based on a hybrid funding model whereby the state provides an establishment grant and a monthly operational grant and patient consults & procedures are billed to the MBS.

Primary care has a key role in addressing demand on acute services

Data from July 21 - March 22 shows 18% of presentations to Victorian emergency departments were Primary Care type presentations*

Evidence internationally and locally suggests that the **Priority Primary Care Centre model supports reductions in emergency presentations, hospital admissions**, and in some cases, shorter length of hospital stays, including with older people**



*Triage category 4 or 5 and patients, self referred, not arrived by Ambulance, time in treatment < 2 hours, discharged to usual residence (i.e. home except correctional facilities)

**based on evaluation of NZ model and PwC report

New Zealand's Urgent Care Clinics undertake 2.5 million consultations per year. The Royal New Zealand College of Urgent Care states:

"...cities with urgent care clinics have significantly lower emergency department attendance. New Zealand is the first country in which urgent care was recognised as a branch, and it has the lowest rate of emergency department attendance per capita in the developed world."

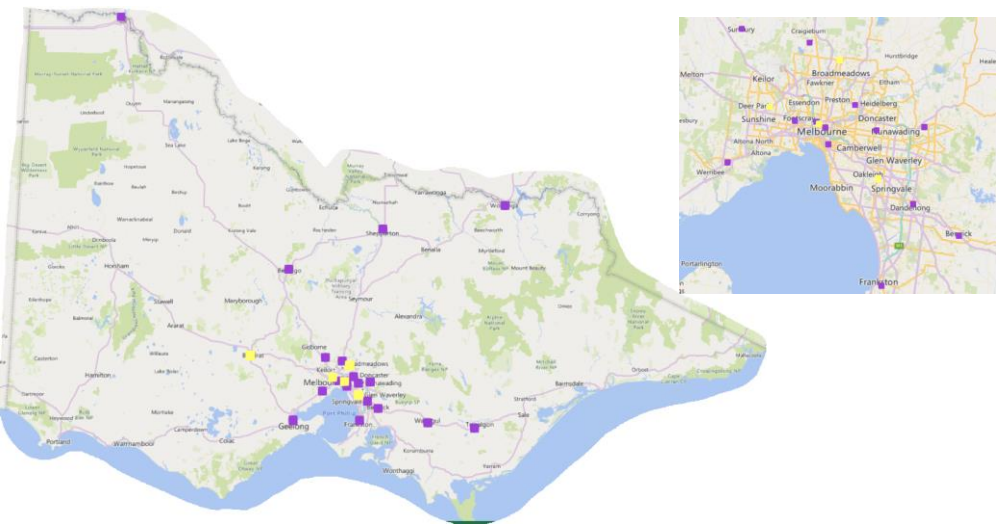
The Victorian Priority Primary Care Centre model incorporates the following elements

Element	Features
 <p>Infrastructure / facilities</p>	<ul style="list-style-type: none"> • Facilities to support patient management including private treatment rooms, appropriate waiting areas, suitable ambulance access, telehealth appointments.
 <p>Accessibility</p>	<ul style="list-style-type: none"> • Open extended hours (up to 16 hours a day), 7 days a week for a period of between 12 months from commencement. • Pre-booked appointments (phone or online booking system), referrals and 'walk up' appointments.
 <p>Staffing / workforce</p>	<ul style="list-style-type: none"> • Core staff includes General practitioner(s), nurse(s) and reception staff (clinical staff to be AHPRA registered) • Accreditation against the RACGP standards for general practice and appropriate insurance
 <p>Patient cohort</p>	<ul style="list-style-type: none"> • Providing services to people with and without a Medicare card, no out of pocket costs to patients • Capacity and capability to treat diverse patient cohorts including vulnerable and at risk populations • Urgent but not emergency treatment including minor infections, fractures, burns
 <p>Referral pathways</p>	<ul style="list-style-type: none"> • Partnered with busy emergency department • Bi-directional referral pathways with emergency department and Ambulance Victoria • Discharge protocols with health services, AV, usual care practitioners and other services
 <p>Ancillary services</p>	<ul style="list-style-type: none"> • Access to pathology and imaging including after hours (preferably on site/close by). Access to pharmacy

25 hospitals have been identified as sites for a partnering Priority Primary Care Centre

A range of factors informed the PPCC locations:

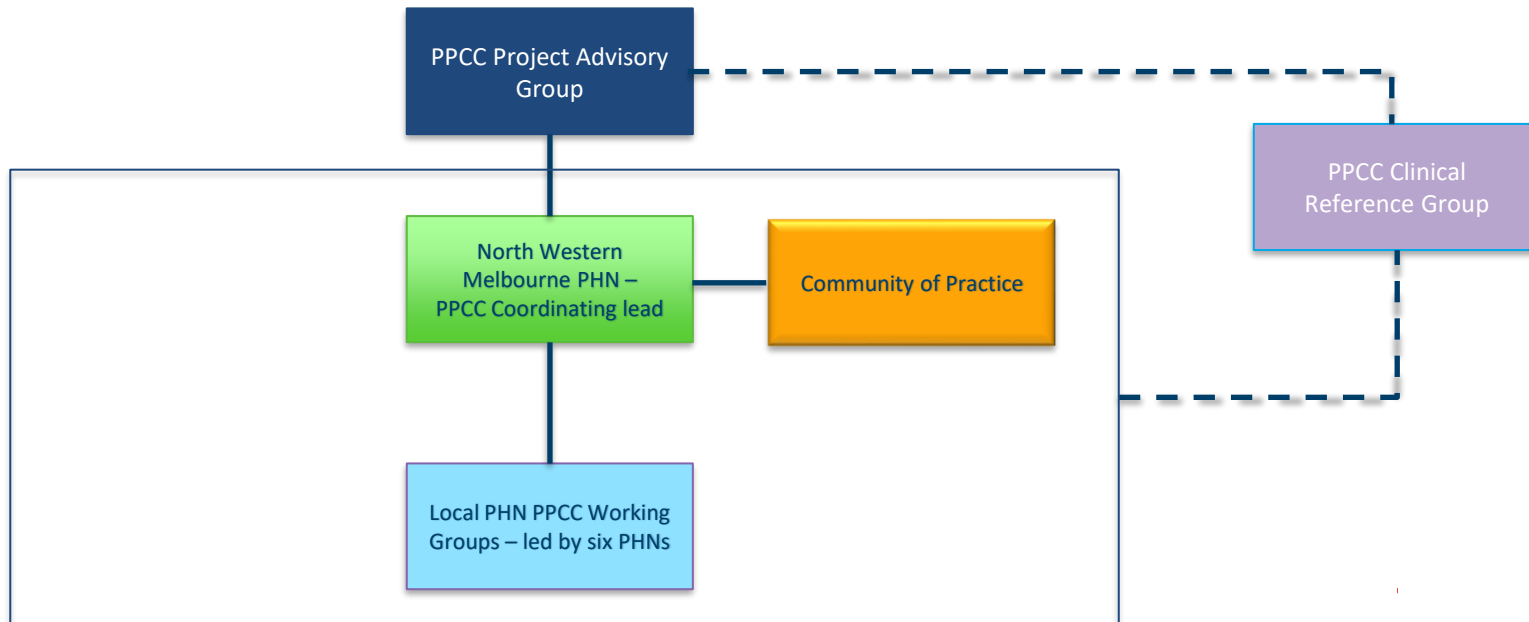
- Emergency Department demand including primary care type presentation, e.g. highest number of CAT 4 and 5 presentations
- Population and community needs, and the viability of the model
- Existing and proposed services including future community hospitals, Cwth UCCs and rural/regional urgent care centres



PPCC partnering hospital	PPCC status
1 Northern Hospital	Epping- Open
2 Sunshine Hospital	Sunshine - Open
3 Monash Medical Centre	Glen Waverley - Open
4 Grampians Health Ballarat	Ballarat - contracted
5 Royal Melbourne Hospital	contracted
6 Albury Wodonga Health (Wodonga)	EOI open
7 The Alfred	EOI open
8 Austin Hospital	EOI open
9 Bendigo Health	EOI open
10 Box Hill Hospital	EOI open
11 Casey Hospital	EOI open
12 Dandenong Hospital	EOI open
13 Frankston Hospital	EOI open
14 Latrobe Regional Hospital (Traralgon)	EOI open
15 Mercy Hospital Werribee	EOI open
16 West Gippsland Healthcare Group (Warragul)	EOI open
17 St Vincent's Hospital	EOI open
18 Maroondah Hospital	EOI open
19 Goulbourn Valley Health (Shepparton)	EOI open
20 Footscray Hospital	EOI open
21 Royal Children's Hospital	31/10/2022
22 Mildura Base Hospital	EOI open
23 University Hospital Geelong – (optional satellite clinic)	EOI open
24 Royal Melbourne Hospital - Sunbury (satellite clinic)	EOI open
25 Northern Hospital - Craigieburn / Roxburgh Park (satellite clinic)	EOI open

Priority Primary Care Centre governance structure

The Priority Primary Care Centre governance supports strategic, clinical and local implementation of the new PPCCs.



Priority Primary Care Centres' inclusion criteria (non-exhaustive list)

PPCC

Patient must have a level of independent mobility AND:

An injury or illness that is suitable for management in a primary care setting

Requires same day review

Is unable to access GP and/or only option is to present to ED

Theme	Public message	Sector message
Infection	Fever Pain or burning when urinating Skin infection	Non-septic cellulitis failing to respond to oral antibiotics Sexually Transmitted Infections Cellulitis/abscesses Urinary Tract Infections
Injury	Back pain Bruises, cuts and grazes Fracture - suspected Sprain Foreign object - ear, nose, eye Burns - minor Bites - dog, snake, bugs	Lacerations/ Abrasions Minor burns Suspected fractures, sprains Sports injuries Minor injuries Occupational health & workplace injuries Minor head injuries without LOC
Respiratory	Asthma attack - mild/moderate but can still talk in sentences Cough Trouble breathing but can still talk in sentences	Bronchitis Minor illnesses
Gut	Heartburn Nausea, vomiting Abdominal pain under 50 years not related to an injury Constipation or diarrhoea	IV rehydration – gastritis, hyperemesis
Ear Nose and Throat	Earache Eye irritation/redness Sinus pain Headache ongoing	Ear Nose Throat conditions
Fainting or Fitting	Fainting - brief Headache or migraine Short Fitting episode then recovery to normal-not following head injury Typical seizures you have experienced before	After fitting and recovery to normal, all ages, not related to head injury
Skin condition/allergy	Allergy Rash Infected pimple or cyst Lumps and bumps, cuts or scratches	
Infants and Pregnancy	Light bleeding in first trimester Excessive vomiting	First trimester bleeding (mild) Paediatrics
Miscellaneous		Simple Dental pain Minor illnesses

PPCC exclusion criteria (non-exhaustive list)

Theme	Public message	Sector message
Infection	If you have tested positive for COVID19	Sepsis, septic cellulitis
Injury	<i>Call 000</i> Bleeding - severe Burns - major Fracture - major/bent limb/breaking the skin Head trauma - (with Loss Of Consciousness) Poisoning or overdose Abdominal pain following trauma If you are experiencing significant bleeding Back pain with tingling, numbness or muscle weakness	Head, neck or back injury where fracture or intracranial haemorrhage is suspected. Haemorrhage that cannot be controlled Paediatrics with abdominal pain relating to trauma (any age) Head injuries with LOC that have not returned to normal neurological function Back injury with neurological abnormalities
Respiratory	<i>Call 000</i> Asthma attack - severe Breathing difficulties – severe/unable to speak Chest pain Children with sucking in between ribs or head bombing when breathing and clear vomiting	Serious breathing difficulties
Gut	<i>Call 000</i> Abdominal pain - sudden and/or severe	
Ear Nose and Throat	Bleeding after tonsil removal	Complication from surgery (contact surgeon)
Fainting or Fitting	Signs of Stroke FAST - Face drooping-Arm weakness-Slurred speech-Time to call 000 Limp or floppy child, not responding Fitting without return to normal - any age Fitting and on blood thinners	Unconscious collapse/falls with concurrent anticoagulant or antiplatelet use Limp or floppy child, not responding.
Skin condition/allergy	Has required use of an epi-pen before (anaphylaxis) Fever, pale blotchy skin and irritable	Anaphylaxis, .suspected meningococcal
Infants and Pregnancy	Child with Abdominal pain without diarrhea Child vomiting without diarrhea Head injury with a loss of consciousness Premature babies younger than 12 months old Confirmed ectopic pregnancy	Appendicitis Pregnancy issues post first trimester Ectopic pregnancy
Miscellaneous	<i>See your usual GP</i> Routine health assessments Care plans Repeat prescriptions	Complication from surgery (contact surgeon) Severe pain Unable to mobilise independently or unassisted with existing aid Drug overdose Administration of narcotic analgesia prior to arrival Requirement for ongoing Intravenous narcotic analgesia Unstable or complex mental health issues Not managing at home/likely to be admitted Bariatric (> 200kg)


Usual Care

If you have any condition that can wait several hours or days or any chronic or long-standing condition > GP

Emergency care

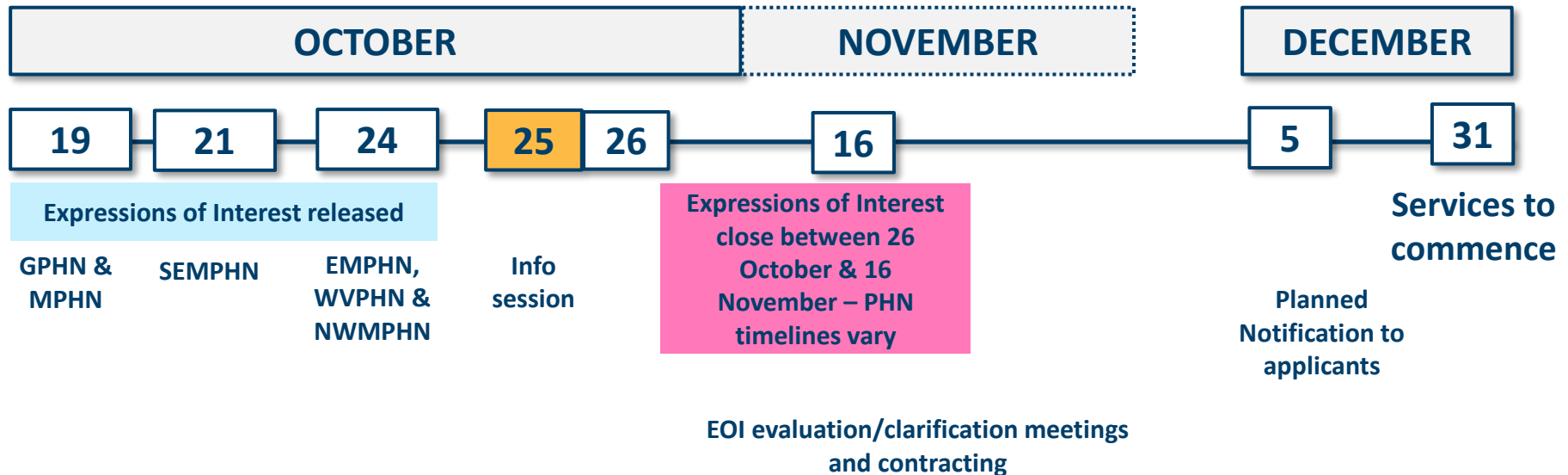
Life or limb threatening conditions > call 000

The Victorian Approach

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- A decorative border consisting of a horizontal line of hexagons. The first 15 hexagons are dark blue, followed by a sequence of seven multi-colored hexagons (light blue, red, green, orange, purple, yellow-green, and magenta), and a final dark blue hexagon on the right.
- Each PHN is commissioning Priority Primary Care Centres in their respective regions
 - Five proof of concept sites are currently being commissioned, progressively opening from late September
 - For the additional 20 Priority Primary Care Centres, each PHN is running an expression of interest process, promoted through existing channels
 - Clinics that responded to the initial Victorian Department of Health EOI will need to submit an EOI via their respective PHNs processes for these new sites
 - PHNs are working together to support PPCC implementation, underpinned by a data driven quality improvement collaborative approach


Overview of the Commissioning Process

Key milestones and dates



- Organisations need to register and apply with each individual PHN they are interested in delivering Priority Primary Care Centres for

Expression of Interest Process

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- A decorative border at the top of the slide consists of a horizontal line of hexagons. The first 15 hexagons are dark blue with white outlines. The next 5 hexagons are colored: light blue, red, green, orange, and purple. The final hexagon on the right is dark blue with a white outline.
- As the tender process is now active, PHNs cannot share information about applicants due to strict probity conditions
 - All questions related to this EOI must be submitted through your relevant PHN channel (shown at the end of this presentation)
 - Timelines are fixed and no extensions will be granted
 - Funding:
 - An initial establishment grant of up to \$150,000 will be available to PPCC service providers.
 - Additionally, a monthly operating grant of approximately \$180,000 is available, in line with the PPCC service model.

Closing dates for Expression of Interest



PHN	EOI Closes	Website for information
Gippsland	Wednesday 26 October	https://gphn.org.au/what-we-do/programs/priority-primary-care-centres/
South Eastern Melbourne	Monday 31 October (12:00 noon)	https://www.eprocure.com.au/semphn/
Murray	Friday 4 November (2pm)	https://www.murrayphn.org.au/
Western Victoria	Friday 4 November	https://westvicphn.com.au/about-us/latest-news/eoi-to-set-up-a-priority-primary-care-centre-in-the-geelong-and-bellarine-area/
North Western Melbourne	Monday 14 November	https://nwmpnhn.org.au/for-primary-care/clinical-support/priority-primary-care-centres/
Eastern Melbourne	Wednesday 16 November	https://www.eprocure.com.au/emphn/

Thank you

