

Priority Primary Care Centre Frequently Asked Questions

NWMPHN – Updated 11-11-22.

Please find a summary of the questions that have been received regarding the Priority Primary Care Centres Expression of Interest.

These questions are from a number of sources, from other PHNs, submitted directly to NWMPHN via primarycare@nwmpnh.org.au, or during the Information Session held 24 October 2022. This document will regularly be updated during the application period. *Updated questions will be listed in italics.*

The questions have been grouped by themes. Where questions were considered similar and/or duplicates of each other, only one was retained and the others excluded to avoid unnecessary repetition. All questions have been deidentified, if required, for confidentiality.

NWMPHN are not responsible for any errors, omissions and/or interpretation of these questions. The 6 Victorian PHNs have made best efforts to review and prepare comprehensive responses to these questions.

If you have further clarification questions in relation to this tender, please submit via primarycare@nwmpnh.org.au. Applicants are encouraged to check <https://nwmpnh.org.au/ppcc> on how to post clarification questions and the respective closing dates for clarification questions.

Theme #1: Market briefing presentation (slides, recording)	
Question	Response
Where can I access the information session recording?	You can access the recording and slides of the Information Session held 24 October 2022 here https://nwmpnh.org.au/ppcc

Theme #2: Tender applications / portals	
Question	Response
Do we need to submit a separate application for each site?	As per EOI Announcement - Note: Please submit one application per site if applying for multiple hospitals.
Are clinics operating a GPRC able to apply?	Clinics operating GPRCs are eligible to apply. PPCCs will need to be set up as separate clinics with separate booking systems, and applications should outline how both services will be run concurrently including maintaining minimum staffing requirements for both GPRC and PPCC.

Can the one entity apply for more than one site? Or do they have to be located in different sites?	There is no exclusion for an entity to apply to support more than one health service. However separate applications would need to be submitted
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Theme #3: Region / location specific information

Question	Response
<p>The destination with hospital should be exactly 6 KM - what about is clinic located 6.9 KM of hospital?</p> <p>How is the distance calculated (i.e. Roads)</p>	<p>The Department has confirmed there is not a specified distance. Each application will be assessed against all mandatory and weighted criteria including the proposed PPCC locations within reasonable proximity to the nominated primary hospital's emergency department (except in the case of satellite clinics where the requirement will be location within the target suburb(s)).</p> <p>Following the information night NWMPHN is issuing an addendum to remove the specific proximity requirement from their application form.</p>
<p>If there are sites a distance from any EDs, will they be considered?</p>	<p>The Department has confirmed there is not a specified distance. Each application will be assessed against all mandatory and weighted criteria including the proposed PPCC locations within reasonable proximity to the nominated primary hospital's emergency department (except in the case of satellite clinics where the requirement will be location within the target suburb(s)).</p> <p>Following the information night NWMPHN is issuing an addendum to remove the specific proximity requirement from their application form.</p>
<p>If we have an accredited General Practice can we use a satellite site to host a PPCC?</p>	<p>Due to the timelines for commencing service, the preference is to have PPCCs set up in already established clinics. However, an accredited practice can operate a service from a satellite clinic if there was no other option. The same infrastructure, Infection Prevention requirements etc. would apply.</p>
<p>Would Gisborne be considered close enough to Sunbury if there are no suitable applicants from Sunbury.</p>	<p>The Department has specified the specific suburbs for the satellite clinics. Preference would be given to clinics within the Sunbury suburb. However, in the event of market failure in a satellite clinic region, consideration would be given to expanding to other areas. This may be via a separate EOI process.</p>

Theme #4: Program-specific and ancillary services

Question	Response
Is imaging services are mandatory on site?	The PPCC Program aims to provide inclusive access to pathology, radiology and pharmacy inside and outside regular business hours. The preference is for onsite imaging, however where onsite is not possible imaging services should be located close to the PPCC to allow for easy patient access.
Is the expectation that radiology and pathology would be based onsite and operate for the same period as the clinics?	The preference is for onsite imaging, however where onsite is not possible imaging services should be located close to the PPCC to allow for easy patient access. Access in the after hours period is expected, though this does not have to align with PPCC opening hours exactly.
What is considered a reasonable distance for ancillary services? What happens if there are no ancillary services willing to support the PPCC operating hours?	The preference is for onsite imaging, however where onsite is not possible imaging services should be located close to the PPCC to allow for easy patient access. There is not a specified distance in the specifications.
With the GPRC we saw an increase in presentations and a need to allow GPs to see beyond 60 pts a day. If the priority care is successful with high numbers would this cause concern with the mbs?	The expectations of this program do not exceed the MBS 80/20 rule. Approx 350 patients per week is the estimated number of presentations. Successful providers will need to manage the workforce allocation to the PPCC with the MBS and legislative requirements in mind.
Is there a minimum room requirement for the PPCC?	There is no minimum number of treatment rooms but applicants should consider ensuring that there is enough rooms to see the expected number of patients per week via walk in and via appointment.

Theme #5: Workforce

Question	Response
Do we get any help or priority with recruiting doctors due to restrictions?	PHNs are unable to grant exemptions as this is not within our authority or delegation but are able to provide a letter of support for exemption application if required. We currently support practice recruitment by advertising vacancies on our web page which practices are able to access.

Is the PPCC staff ratio the same as GPRC? 1 doctor, 1 nurse and 1 support?	PPCC's staffing requirements are 1 GP, 1 Nurse and 1 administrative support person as a minimum staffing requirement.
With the expansion of doctor and nurse numbers, what timing is being sourced on the expansion?	The expansion of clinical workforce will be based upon the demand of the clinic. The minimum workforce allocation is 1 GP(VR), 1 Nurse (Div 1) and 1 Administration during open hours.
In terms of GPs is there a requirement that the successful organisation already has GPs operating from the site?	Due to the timelines for commencing service, the preference is to have PPCCs set up in already established clinics. It may be required for additional GPs can be recruited to support the PPCC however applicants are advised to consider the timelines for establishment and service commencement outlined in the EOI and ensure there are staff to be able to meet these opening requirements.

Theme #5: Funding

Question	Response
Would the monthly funding be variable or fixed funding ?	Monthly funding to clinics is fixed. Details regarding funding is available in the EOI/tender documentation.
Would Medicare fees be chargeable to Medicare patients?	Clinics are expected to bulkbill all patients . If patients are not eligible for Medicare they will be covered by the monthly fixed payment received by clinics. No private out of pocket billing is permitted for patients attending the PPCC.
Would Medicare fees be chargeable to Medicare patients?	If patients are not eligible for Medicare they will be covered by the monthly fixed payment received by clinics. No private out of pocket billing is permitted for patients attending the PPCC. Private insurance is not to be billed.
If we do phone consultations, will 20/30 rule apply?	Successful providers will need to manage the workforce allocation to the PPCC with the MBS and legislative requirements in mind.
How much is the monthly payment?	The monthly payment is \$180,000 plus GST
Can you please confirm the monthly operational funding can be used to supplement GP income?	Operational funding may be used to supplement GP income. It is up to the successful provider to determine how the operational funding is allocated, but must ensure MBS and legislative requirements are met.

Theme #6: Data collection

Question	Response
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<p>How is it intended that the data will be captured and separated from the clinics?</p>	<p>During the establishment of PPCCs PHNs will work with clinics to establish systems to ensure that only data relating to the PPCC work is captured for reporting. Deidentified data will be collected using the POLAR tool and licences will be provided to PPCCs for the project if not already installed.</p>
<p>Is it ideal to have separate clinical software besides everyday clinic software?</p>	<p>It is not a requirement nor necessary to have a separate software system, however clinics will need to ensure that PPCCs are set up with a separate location code within the software to identify PPCC activity.</p>
<p>Is an absolute requirement that POLAR or PENCs is used? Can we use an alternative solution for the extract - such as BP JSON or similar as we currently do for the provision QIPIP data?</p>	<p>PPCCs will be required to use the agreed extraction tool for the data that is being used state-wide. The intent that the data extraction will occur with minimal input and administrative burden.</p>