

**Expression of Interest – Inner Melbourne Priority Primary Care Centre**  
**Frequently asked questions**

Number	Question	Answer
1	Two referees details does both need to be external parties? Or it can be one internal referee and one external eg. Radiology or Pathology manager?	The referees need to be external to the clinic (i.e. not employed by the clinic)
2	Are clinics operating a general practice respiratory clinic (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.
3	Is accreditation under RACGP standards mandatory prior to commencement or can the service be in the process of gaining accreditation when services commence?	Current accreditation is a mandatory criterion for PPCCs.
4	Are health services which currently do not engage GPs excluded from consideration? (Community Health)	PPCCs are to be established by practices that are currently accredited against the RACGP Standards.
5	I understand that urgent care should be urgent however not emergency, is there a ideal timeframe the patient need to be seen? For example, patient triaged by nurse over the phone and seen by doctor within 30mins on arrive etc?	There are no set timeframes. PPCCs will be responsible for triaging patients and clinically deciding when patients need to be seen.
6	What hours will the PPCC need to be open for patients?	The Inner Melbourne PPCC will need to be able to scale up to operate up to 14 hours per day.
7	Will patients with respiratory symptoms be referred to our clinic from ED or will they be referred to the GPRCs? In addition, can we refer respiratory patients to these clinics instead of seeing them in person?	It is expected that the PPCC provides a service to those patients who meet the inclusion criteria. They will need to have the capacity and capability to be able to see patients with respiratory symptoms face-to-face.
8	Are we required to see patients that book in or turn up to the PPCC for non-urgent	The PPCCs are designed to see urgent care patients, regular GP

	care? I.e., repeat prescriptions, medical certificates, repeat specialist referrals?	type patients should be redirected to the patient's usual GP or another general practice.
9	<p>Regarding the Infrastructure/Facilities of the EOI – PPCC application.</p> <p>Can I please have clarification that it is OKAY to have the criteria/eligibility within an already existing practice, as per the response answer “Alongside existing GP facility”</p> <p>OR</p> <p>Does this need to be completely separate from the existing practice, such as separate reception area, consultation room within the already existing practice.</p>	The PPCC is required to have dedicated infrastructure as outlined in the EOI documentation (e.g., minimum rooms etc.). The PPCC needs to operate as an independent service so details of how this will be achieved will need to be included within the application.
10	Are imaging services 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.
11	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 preferred though this does not have to align with PPCC opening hours exactly.
12	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 services, however where onsite is not possible services should be located close to the PPCC to allow for easy patient access. There is not a specified distance in the specifications.
13	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	The expectations of this program do not exceed the MBS 80/20 rule. Approx 350 patients per week is the estimated number of

	care is successful with high numbers would this cause concern with the mbs?	presentations. Successful providers will need to manage the workforce allocation to the PPCC with the MBS and legislative requirements in mind.
14	Can you please confirm if the doctors (VR) working at the PPCC will be able to charge emergency department MBS items or just GP MBS items	Urgent care MBS items may be utilised. Successful providers will need to manage the workforce allocation to the PPCC with the MBS and legislative requirements in mind.
15	Will the PPCCs be eligible for moratorium exemption? Or only in the after-hours period as is currently the case.	The Department have not advised that any additional exemptions will be made for PPCCs.
16	Can we employ a nurse practitioner or must we run the clinic with GPs only?	The minimum requirement is for the PPCC to be staffed by are 1 GP(VR), 1 nurse and 1 admin staff member. Alternative staff models can be considered including nurse practitioners however supervision needs to be provided by a specialist GP and within their scope of practice.
17	Are non-VR GP able to service a PPCC?	PPCCs are designed to be GP led. The minimum requirement is for the PPCC to be staffed by are 1 GP (VR), 1 nurse and 1 admin staff member. Alternative staffing models can be considered including non-VR GPs however supervision needs to be provided by a specialist GP for support and secondary consultation during clinic operating hours (on site or via video enabled telehealth).
18	Currently our practice teaches medical students from The University of Melbourne. Will we be able to teach them in the PPCC setting as well?	This would need to be checked with your regional training provider to ensure it meets the needs of the training provider.
19	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 can access.
20	Is the PPCC staff ratio the same as GPRC? 1 doctor, 1 nurse and 1 support?	PPCCs 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.
21	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.
22	MBS telehealth rebates are currently only available for existing patients of our clinic that have seen the GP in person in the previous 12 months. Will there be an exemption for PPCC Telehealth consults or will there be no MBS fee payable?	The PPCC Program aims to take pressure off the public health system and see patients face to face. There is capability in within the models to have telehealth delivered as part of a follow up service e.g., for results. Telehealth won't be the primary services. Primary service still needs to be face to face delivery. Successful providers must ensure they operate with MBS and legislative requirements in mind.
23	Currently private patients (no Medicare) receive a private bill in the mail from our pathology provider for any blood tests ordered. Will this continue for the PPCCs or will our clinic be required to pay these bills?	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.
24	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.
25	Is it ideal to have separate clinical software besides everyday clinic software?	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.

Information Session Questions 31/05/23	
Question	Response
If my practice is outside the said postcode is that an automatic disqualification for any clinic submitting or would you consider otherwise?	The Victorian Department of Health specifies that this must be an accredited practice currently operating within the specified postcodes: 3000, 3003, 3051, 3052, 3053 or 3054. Practices operating outside these postcodes cannot be considered.
This cannot be used to support existing services or hours – this would suggest new premises for the PPCC needs to be secured. Can you please explain further.	We currently have PPCCs operating two different services in the same premises but often with separate entrances and specific dedicated part of the clinic put aside for the PPCC. This funding would only support the PPCCs for those extended hours, it cannot be used to support the running of the existing general practice. The PPCC needs to operate as an independent service so details of how this will be achieved will need to be included within the application.
Any background as to why the contract is for 6 months initially?	The contract for the Inner Melbourne PPCC is for an initial 6 months, with the option to extend. This aligns with the current timeframe for all contracted PPCCs in Victoria (currently to the end of the year) and support an equitable approach to the delivery of PPCCs.
You mentioned inappropriate referrals, how does that work?	When we say inappropriate referrals it's more about establishing referral pathways, it's an opportunity for

	the clinicians to come together and discuss. Discussing this at local working groups helps build trust and understanding of the PPCCs capability.
Is the expectation that radiology and pathology would operate external to Royal Melbourne Hospital and operate after hours?	The PPCC Program aims to provide inclusive access to pathology, radiology and pharmacy inside and outside regular business hours. Ideally, not reliant on the hospital for their services. 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.
Can you outline what the establishment grants can be used for?	The establishment grant can be used for minor capital works, recruitment or equipment. If minor capital works are required details of how this will be achieved will need to be include within the application.
Telehealth services has been included as part of the scope. Would you expect responses from telehealth service providers directly or would that be something you would expect be coordinated with the PPCC providers as one integrated solution?	The PPCC Program aims to take pressure off the public health system and see those patients face to face. There is capability in within the models to have telehealth delivered as part of a follow up service e.g., for results. Telehealth won't be the primary services. Primary service still needs to be face to face delivery.