

EVALUATION OF THE IMPLEMENTATION OF THE GP SUPER CLINICS PROGRAM 2007-08

The Implementation Plan for the GP Super Clinics Program, approved by the Council of Australian Government's Health and Ageing Working Group, included a commitment to an independent *Evaluation of the Implementation of the GP Super Clinics Program 2007-08*.

In September 2011, Consan Pty Ltd were contracted to undertake the evaluation and the Final Report was provided to the Australian Government Department of Health and Ageing in August 2012. The Report provides 32 recommendations.

Since the evaluation was undertaken, the GP Super Clinics Program has continued to move forward. As at early September 2012, there were 29 GP Super Clinics open and providing services to the community. More are due to open by the end of 2012.

In this context, and as the construction of the GP Super Clinics announced in 2010-11 commences, the Department has examined the report and its recommendations.

Broadly, the Department agrees with the recommendations as opportunities to further enhance the rollout of the GP Super Clinic Program, and notes that:

- a significant proportion have already been addressed through the Program's ongoing business improvement processes, either as recommended or through different mechanisms;
- some recommendations would be unreasonably onerous on applicants; and
- some are no longer relevant, noting that the invitation to apply for funding processes for all GP Super Clinics have now concluded.

Further detail on the Department's responses to the recommendations is below.

Recommendations	Departmental response
Implementation Aspect	
<p>1. <i>The Department of Health and Ageing should consider a review process which aims to consider, critically review and document the evolution of the processes applied in the management of the GP Super Clinics Program. It would be expected that the outputs of this process would clarify requirements for plans, and associated milestones at all stages of the GP Super Clinics Program, would support Departmental staff within the GP Super Clinics Program and other similar programs.</i></p> <p>2. <i>The Department of Health and Ageing should explore options for efficient reporting systems, and examine the potential for internet based reporting.</i></p>	<p><i>(Recommendations 1-2)</i></p> <p>The Department established a business improvement function in 2010 for the GP Super Clinics Program. As part of this, the Program:</p> <ul style="list-style-type: none"> • has commissioned a major project to develop support materials for Departmental staff in managing the funding agreement; • has developed a standard reporting framework for the GP Super Clinics; and • is implementing web based reporting progressively from September 2012. <p>These activities will collectively support efficient and effective management of the Program.</p>

Establishment Aspect

(Recommendations 3-12)

3. *Funding recipients should be required, in the application and post-application stages, to detail their understanding of the land acquisition process and the deliverables associated with each of these stages.*
4. *Funding applications that involve land subdivision or consolidation should be subject to extra scrutiny and review to ensure the timelines are realistic. In this regard, Risk Assessments and Risk Management Plans submitted by funding recipients should not be accepted until they accurately and properly recognise and plan for these increased risks.*
5. *The Department of Health and Ageing should move to continue and expand the process now in place and evident from the desk review of the later funding agreements to increase the number of milestones, milestone dates and the details regarding what these milestones are to produce, as outcomes for the land acquisition phase. The Department of Health and Ageing will then be in a better position to monitor the delivery of these more regular, detailed outcomes, with a view to demanding corrective action from the funding recipients if slippages occur.*
6. *Funding applicants should be required to submit, with their applications, parking studies that are certified by traffic engineers to be compliant with the relevant Council's published Parking Guidelines and the relevant Australian Standards.*
7. *Funding applicants should be required to submit, with their applications, a statement from the architect or urban planning consultant (if engaged at that stage) setting out in summary form what the consultant believes to be the relevant planning rules that the proposed development has to meet. In the Australian Capital Territory this is a mandatory requirement for a DA submission and is called a "Statement Against Relevant Criteria".*
8. *Funding applicants should be required to submit, with their applications, a statement from the architect or urban planning consultant (if engaged at that stage) setting out in detail what they believe to be the processes involved in Council, other agency and utility approvals. For preference, this should take the form of a Critical Path Gant Chart and be coordinated, with respect of Critical Milestones, with both the Funding Agreement Schedule of Milestones and the primary risks in the Risk Assessment and Risk Management Plan. These Gant Charts should contain significant "float" for the potential delay effects.*
9. *All Milestone Schedules should be expanded in both number and detail to allow closer monitoring of progress along the lines set out under "Land acquisition" in Section 7.2.2.*
10. *Timeline programs that describe requirements for re-zoning of land (variously identified as "Material Changes of Use", "Variations to Local Environmental Plans" etc.) should be closely inspected and interrogated for compliance with statutory, regulatory and likely procedures and outcomes. In virtually all jurisdictions, re-zoning is a process that rarely requires less than six months to complete and can extend to two years.*

The business improvement function undertaken since 2010 has addressed many of the Establishment Aspect recommendations, in particular through revisions to the funding agreement as part of ongoing improvement processes.

For example, there are increased requirements-soon after an executed funding agreement is in place-to identify issues such as:

- potential land acquisition
- subdivision
- title consolidation
- zoning and approval matters
- parking requirements, and building design.

This approach, rather than at the application stage, has been taken to minimise the financial burden on applicants, some of which will not be successful.

<p>11. <i>Proposals that require re-zoning of land should also be required to engage the services of planning consultants at the earliest stages of the approval process. A template for monitoring and reporting of the steps involved in any re-zoning process should also be developed and made the basis for monitoring by both the funding recipients and the Department.</i></p> <p>12. <i>In the cases of both land acquisition and re-zoning, a more proactive approach by the Department in providing the reporting templates to the funding recipients at the outset will greatly assist in ensuring that adequate time allowances are made in project programs, early warning of variances from the process and program is given, and appropriate reactions and corrections to slippages are put in place.</i></p> <p>13. <i>Funding recipients should be required to provide from their banks or financial Institutions, letters of confirmation of sufficient funding to commence and complete the projects.</i></p> <p>14. <i>Funding recipients should also be required to establish stand-alone bank accounts for the receipt and expenditure of all funding for the projects and should require submission of transaction records, on bank letterhead, every month.</i></p> <p>15. <i>Non-competitive contracting arrangements should be discouraged unless the funding recipient can demonstrate substantial benefits from a non-competitive process.</i></p> <p>16. <i>Bills of Quantities should be required for all construction projects valued in excess of \$3 million.</i></p> <p>17. <i>Form AS 2124 should be mandated for use in all construction contracts.</i></p> <p>18. <i>The Department should refuse approval to proceed with the engagement of contractors until acceptable "time is of the essence" clauses related to variations, delays and extensions of time are included in the construction contract.</i></p> <p>19. <i>The funding recipients should only be permitted to vary designs after award of the construction contracts, when essential to the compliance of the buildings with applicable Codes and Standards. All other design changes to the size, amenity or function of the buildings should only be permitted after submission and prior approval of a written Impact Assessment to the Department by the funding recipient.</i></p> <p>20. <i>Funding applicants should be required to provide the detailed elemental cost break-ups of their projects as was required by the Funding Recipient Surveys for checking against the templates prepared as part of this evaluation.</i></p> <p>21. <i>The Department should commission a review of existing templates and the preparation of specific value for money criteria for future use in assessment of Funding Applications for GP Super Clinics.</i></p> <p>22. <i>The Department needs to consider options for ensuring that non-construction cost components of the developments, such as land and/or building purchase costs and consultant's fees are not inflated by Funding Applicants.</i></p> <p>23. <i>The Department should consider longer-term approaches for assessing value for money in the context of primary care.</i></p>	<p><i>(Recommendations 13-14)</i></p> <p>The funding agreement sets out the financial requirements, including the need to identify the sufficiency of funds available to complete the projects at key points.</p> <p><i>(Recommendations 15-20)</i></p> <p>With regard to building and design, the Department specifies requirements in relation to the construction contracts to be used.</p> <p>The Department also manages some of the issues relating to timeframes and budgets by seeking advice from an independent construction advisor about costings, designs or timeframes prior to and/or after execution of a funding agreement.</p> <p><i>(Recommendations 21-23)</i></p> <p>The ten objectives of the GP Super Clinics Program reflect the indicators of performance for the projects. The notion of value for money incorporates the contribution of the projects to building an understanding of integrated, multidisciplinary primary care in the Australian context.</p>
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Operations Aspect	
<p>24. <i>Support for service development for GP Super Clinics should focus on:</i></p> <ol style="list-style-type: none"> a. <i>Preventative care</i> b. <i>Evidence-based multi-disciplinary care</i> c. <i>Community engagement</i> d. <i>Partnerships with other health services.</i> <p>25. <i>Partnerships between universities and all GP Super Clinics, potentially in the form of research networks, should be fostered to create strategic research opportunities, which address important questions about multi-disciplinary models of care and interventions which reflect patient needs.</i></p> <p>26. <i>The Department of Health and Ageing should establish a clinical governance framework for local adaptation and application in all GP Super Clinics, and link it's associated reporting into the regular reporting requirements.</i></p>	<p><i>(Recommendations 24-26)</i></p> <p>The primary use of the GP Super Clinics Program funding is for capital infrastructure that provides an environment where the operators of the GP Super Clinics provide services to meet the ten objectives of the Program for a 20 year period.</p> <p>The Department will examine opportunities to support the Clinics in their planning and delivery of primary preventive services and development of regional partnerships to support the continual improvement of the multidisciplinary model of care.</p> <p>The Department will work progressively across the operational GP Super Clinics to strengthen clinical governance arrangements in order to support the multidisciplinary model of care.</p>
Learnings from the GP Super Clinics Program	
<p>27. <i>The GP Super Clinics should develop strategic plans within the framework of the GP Super Clinics Program. Their development should be required to be part of the reporting requirements of the GP Super Clinics Program. The format and content should be determined by the GP Super Clinics but should reflect priorities outlined in 7.3.11</i></p> <p>28. <i>Further evaluation of the Program should be explored when all GP Super Clinics have been operating for at least three years. Evaluations should focus on patient outcomes and experiences, the models of care in relation to evidence, and clinician outcomes and experiences.</i></p> <p>29. <i>Negotiation should occur between the Primary and Ambulatory Care Division and medical software businesses, to determine the potential for linkage between this software and reporting requirements of the GP Super Clinics Program and potentially other primary health care services.</i></p> <p>30. <i>The Department of Health and Ageing should critically review any third party contractual arrangements to review the alignment with GP Super Clinics Program objectives among all parties. Where this alignment does not exist, the renegotiation of the contract should commence. Where alignment exists, procedures should be implemented to ensure direct communication between the GP Super Clinics, and the Department of Health and Ageing.</i></p>	<p><i>(Recommendations 27-29)</i></p> <p>The Department requires Clinics to have an Operational Plan and has in place a reporting framework, which includes planning on an annual basis.</p> <p>This reporting framework comprises the strategic planning documents for the Clinics and enables Clinics' progress in addressing the ten objectives of the Program to be monitored.</p> <p>The Department supports an evaluation of the GP Super Clinics Program when the majority of Clinics have been operating for more than three years.</p> <p><i>(Recommendation 30)</i></p> <p>Third party operator requirements are set out in the current funding agreement to protect the interests of the Program.</p>

Key Learnings – Primary Care System

<p>31. <i>If there is a commitment to increasing investment in primary health care by the Australian Government, measurement of its performance through efficient systems and robust data is required to determine return on investment and to drive quality through improvement of the system and services.</i></p> <p>32. <i>Universities and relevant discipline-specific colleges should be encouraged to review their models of teaching and training to reflect the realities of modern day primary care.</i></p>	<p><i>(Recommendation 31)</i></p> <p>The Department has a reporting framework for the Program which provides qualitative information on the achievements of the GP Super Clinics against the ten Program objectives as well as quantitative (self-reported) data regarding patient and staff numbers. The complexity of data collection across primary care in Australia is beyond the scope of the GP Super Clinics Program to resolve, but there may be potential for mechanisms such as the National Health Performance Authority to examine such issues.</p> <p><i>(Recommendation 32)</i></p> <p>The Department notes this as a matter for the educational institutions, and will work closely with GP Super Clinics, through their training and supply of future workforce, to help inform universities should such a review be undertaken.</p>
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