1 Executive Summary

The GP Super Clinics Program was one part of the health reforms, including primary care reforms, implemented by a newly-elected Labor government in 2007. The localities of the GP Super Clinics were based on criteria relating to need. The program provided grant funds to the value of $181.7 million for the construction or refurbishment of existing infrastructure for the first 36 GP Super Clinics, across 37 localities.

This evaluation addressed three aspects of the GP Super Clinics Program 2007-2008:

- Implementation: administration of the Program by the Department of Health and Ageing
- Establishment: the planning and construction of the 36 GP Super Clinics over 37 sites established in the 2007-2008 tranche
- Operations: service delivery in the seven clinics which were operational for a minimum of six months prior to the commencement of the evaluation.

In the context of these three aspects, the evaluation aimed to describe the historical context and processes for the implementation and the processes and influences which impacted on the construction of the GP Super Clinics. In the operational aspect it aimed to identify the short term impacts, and the activities being implemented to achieve the GP Super Clinics Program objectives. Learnings were also identified with regard to the three aspects of the program and the potential for informing further investment in primary health care infrastructure and services.

Methods for the evaluation were tailored to each of the aspects of the GP Super Clinics Program. Common methods across each aspect included desk reviews, surveys and interviews with representatives of key stakeholder groups. A value-for-money assessment tool was also developed for the establishment aspect.

1.1 Policy to Program Implementation

The Department of Health and Ageing was tasked with the implementation of the GP Super Clinics policy which occurred through the establishment of the GP Super Clinics Branch within the Division of Primary and Ambulatory Care. There is evidence that compliance with the processes for Australian Government policy implementation and regulatory requirements was high. Indeed, many of the learnings about program implementation developed through this aspect of the GP Super Clinics Program are applicable to other grants programs.

The *GP Super Clinics National Program Guide 2008* was developed as an overview of the program following consultation with a range of relevant stakeholders. This *Guide* set out the Invitation to Apply and associated consultation processes in each of the identified GP Super Clinic localities. The *Program Objectives* are deliberately broad to enable the model for each GP Super Clinic to be flexibly tailored to local needs; a factor which proved critical in ensuring applicants could propose models for local health needs and workforce contexts.

The GP Super Clinics Program has been essentially a grants program for construction costs and its management required a diverse set of skills, many of which were not initially available within the Branch. Critically, the skills gaps were recognised early and were either developed, recruited or contracted as the program evolved. The assessment processes for the responses to the Invitation to Apply were robust and involved contributions from experts with the required skills for the tasks.

Managing a long term program

In line with the GP Super Clinics Program objectives the GP Super Clinics are expected to provide a range of services and undertake a number of activities over a period of twenty years from the commencement of operations. This will require on-going monitoring and management of the GP Super Clinics Program for twenty years from the date the last GP Super Clinic commences its operations.

The initial focus on performance management has related to the milestones associated with the construction phases. As the program matured, these milestones evolved to more closely align to those commonly used in construction projects. In addition, the current funding agreement details funds recovery or step-in rights of the Commonwealth of Australia where services are not being provided as intended under the agreed operational plan.

Once operational, GP Super Clinics are required to report two or four monthly using templates developed by the GP Super Clinics Branch. This reporting, which addresses activity within the clinics and progress towards achieving the GP Super Clinics Program objectives, is monitored and used to inform the ongoing management activities undertaken by GP Super Clinics Branch. This monitoring activity will gain greater scale and complexity as more GP Super Clinics become operational. This will necessitate the introduction of more efficient reporting mechanisms for the GP Super Clinics Branch and for the GP Super Clinics.

Key Performance indicators have been developed and are currently under consideration for the GP Super Clinics Program. There is potential for linkage of data outputs from the GP Super Clinics electronic health records with the reporting requirements of the GP Super Clinics Branch. If taken up, it would enable greater understanding and comparison of the outcomes and effectiveness of the models of care for the GP Super Clinics Program.

1.2 Significant Investment in Infrastructure for Primary Care

The GP Super Clinics Program provided significant investment in primary care infrastructure, and thus required and mostly delivered robust financial, contract and risk management processes, some of which have evolved over the life of the program.

The Program was established in the time of the Global Financial Crisis when many capital investments in construction failed. The completion rates for the GP Super Clinics compare favourably to construction industry experience given the financial conditions. Of the two non-completed clinics out of 37 sites, one is due for completion following further negotiations about funding. The second clinic will not progress, due to the inability of the funding recipients to raise funds above and beyond the grant from the Australian Government.

There were delays in completion of the GP Super Clinics, due to the complexities and associated regulatory requirements which occur in any construction projects. Many of the delays were associated with inaccuracies in estimation of timeframes by funding recipients for construction management.

Value for Money

Value for money was assessed using a methodology commonly applied in the construction industry based on ($) cost/$m^2$ and accounting for a range of factors associated with location and construction type. The value for money assessment determined that six of the GP Super Clinics were outside the criteria for value for money. If the extra-ordinary circumstances of three of the GP Super Clinics had been factored into the value for money assessments, it is likely that they would also have otherwise met the value for money criteria. The factors that contributed to the higher cost per square metre for the remaining three sites were not identifiable through the value for money assessment methodology and the advice obtained from the sites. It may well be that further assessment might identify similar extenuating circumstances but this would require further examination.

1.3 Compliance with GP Super Clinics Program Objectives

The seven operational GP Super Clinics were established within local communities as sites of excellence in multi-disciplinary primary care providing opportunities for health professional education and training in this type of service model. It was evident in these seven operational GP Super Clinics that there has been significant progress towards achieving the ten GP Super Clinics Program Objectives. Consequently, the GP Super Clinics appear to be meeting unmet needs in their communities.

Patient experiences in relation to the services provided at the GP Super Clinics were overwhelmingly positive, rating the quality of and access to care highly. Patients commonly reported moving from other general practice/primary care settings because of access to appointments and the quality of care at the GP Super Clinics.

Within the seven GP Super Clinics, multi-disciplinary care, facilitated by co-location and by the shared electronic health record was provided by over one hundred and seventy clinicians. These data represent a net increase of GPs and of allied health staff in these communities, not just a transfer of clinicians from local practices.

The model of care is a major determinant in recruiting and retaining clinicians in the GP Super Clinics. Indeed many clinicians indicated that the multi-disciplinary model of care, supported by the associated business model, were major factors in their decisions to work and remain at the GP Super Clinics.

All GP Super Clinics provided some form of access to after-hours care. Bulk billing in some form, mostly to groups such as children less than 16 years, and those on health care cards, was provided by all GP Super Clinics.

The majority of GP Super Clinic Directors indicated they were on track for achieving financial viability. The capacity to bulk bill all patients was questioned by the majority of GP Super Clinic Directors and clinicians. The structure and amount of remuneration under the current Medicare

system was cited as a significant barrier to bulk billing and hence impacted on the capacity of the GP Super Clinics to remain financially viable.

1.4 Areas for Service Development

There are a number of aspects of service delivery requiring development across the GP Super Clinics. The multi-disciplinary model of care, as currently provided is mostly reliant on sequential but discrete service episodes provided by a range of disciplines, integrated through co-location under one roof and by the shared electronic health record rather than a shared, planned approach. Where attempts to apply guidelines for multi-disciplinary care have been made they have been informed by guidelines developed specifically for single-professional practice; in most cases for general practitioners. The model of care was further supported by specific Medicare items such as Team Care Arrangements and Chronic Disease Management items.

Multiple professionals working together in one site is relatively new in the primary care setting in Australia, therefore the development of guidelines for multi-disciplinary team-based care is critical to the achievement of the GP Super Clinics Program Objectives. These could be developed is through consortia between GP Super Clinics, universities, professional colleges and other relevant professional groups. Further, due to the significant personal and practice changes involved, a multi-disciplinary team-based skills assessment and skills development program is required for effective implementation of multi-disciplinary guidelines.

The focus on preventative health care has been on secondary prevention, in managing lifestyle risks in people with chronic conditions. Understandably this aligns with the focus in the GP Super Clinics on chronic illness. The potential for impact, and indeed the expectation of primary prevention occurring in GP Super Clinics is high; however demonstration of this was less than optimal. Where it was occurring it was often reliant on patients being referred by the GP to another discipline for intervention. This is a missed opportunity, with a plethora of research indicating the impact of GPs on reducing risk factors in patients, and at a population level.

The utility of electronic health records beyond use as a record for patient care and as facilitators of multi-disciplinary care was not evident. Their utility as tools in organisational, administrative or quality improvement roles has the potential to enhance the quality and model of care in meeting the needs of local communities.

Community engagement occurred mostly in the early phases of the GP Super Clinics. There were some outstanding examples of community engagement with members of local Aboriginal communities. However there was less demonstration of an ongoing and strategic approach to the community engagement required if the GP Super Clinics are going to continue to meet community needs, and those of specific groups with significant health risks.

Ultimately the GP Super Clinics will be expected to provide models of care which support a range of services in meeting local health care needs requiring shared planning and integration with other local primary and acute health care services. While there was limited evidence of progression to an integrated approach to planning, there is potential for this occurring, especially with the support of other reform initiatives.

1.5 GP Super Clinics Program Learnings

The seven GP Super Clinics had only been operational for a period of less than 12 months. Within this context, the priorities of the GP Super Clinics, and indeed of the GP Super Clinics Branch, have, justifiably, been on construction, recruitment of workforce, and building systematic capacity to achieve the GP Super Clinics Program objectives. With this in mind, it is not surprising that all aspects of the GP Super Clinics Program objectives have not been achieved. However it is now timely that the GP Super Clinics and the Department of Health and Ageing collaborate and consider the longer terms strategic priorities which will enable the continued implementation of the GP Super Clinics policy. This is a responsibility of individual GP Super Clinics and of course this makes sound business sense. From the broader national policy perspective, it is a responsibility of the Department of Health and Ageing to support the GP Super Clinics in their service development to ensure the investment in primary care is realised.

1.6 System Learnings

The results of this evaluation suggest a number of learnings which are not specifically relevant to the GP Super Clinics Program, but could be considered more broadly for the primary health care system.

Measuring Primary Health Care Performance

Measurement of performance is undertaken in health services and systems to determine the extent they meet expected objectives and outcomes, and importantly for determining the return on investment of public money. The primary health care system should be no different. However to date, the lack of agreement on measures which accurately reflect primary health care and its complexities have, in Australia, prevented this happening. In the absence of performance measurement, the ability to develop improved primary health care systems is limited.

Medicare Benefits Schedule

Medicare items have consistently been raised as barriers to implementing effective multi-disciplinary care. This problem needs to be addressed in the broader context of further primary health care reform across a range of platforms with greater linkages between the Medicare Benefits Schedule (MBS) including its Practice Incentives Program (PIP) and other primary health care funding streams.

Role of Universities and Colleges

The capacity of the future primary health care workforce is largely dependent on the training of future health professionals. Partnerships with universities have been established by many of the GP Super Clinics. Most of the GP Super Clinics have provided clinical placements for students, and in some cases training for General Practice Registrars.

Currently these partnerships focus on universities or General Practice Regional Training Providers meeting their demand for clinical placements, with little evidence of any changes to their learning programs, and in particular, of a move to a multi-disciplinary experiential environment for students. Ideally, programs at universities will develop to a more sophisticated approach to learning across disciplines reflecting 21st century primary health care aligned with

the empirical evidence. That this is rarely occurring, with learning still occurring in discipline-specific silos, is a missed opportunity for students, trainees and patients.

1.7 Summary

The GP Super Clinics Program is in the early stages of maturation, with the ground for reforms in this facet of primary health care being laid with increased investment in infrastructure with the establishment of GP Super Clinics. However, the GP Super Clinics Program is ultimately about patients and their ability to access high quality primary health care. The results of this evaluation at this stage of the GP Super Clinics Program demonstrate that patients have increased access to primary health care in a multi-disciplinary setting and report positive experiences about access to and the quality of their care. Further, the Program is supporting retention and potentially recruitment of GPs into clinics which have the potential to be at the forefront of primary care reform. It will only be as the GP Super Clinics Program matures that the real return on investment in primary health care can be adequately assessed.

In this light, recommendations for enhancing the GP Super Clinics Program and service development for the GP Super Clinics have been made and are included in the final chapter. These recommendations also reflect on learnings of the GP Super Clinics Program for improvement and potentially for consideration by similar programs.