

3 Evaluation Aims and Methods

3.1 Evaluation Aims

The evaluation aims were to:

- Describe the historical context that led to the development of the GP Super Clinics Program
- Examine the process for the implementation of the GP Super Clinics Program
- Identify the processes and influences which impact on the construction of the GP Super Clinics
- Identify the short-term impacts of the GP Super Clinics Program at those sites which are operational
- Identify the approaches being implemented by (operational) GP Super Clinics that support them to meet the objectives of the Program
- Examine the learnings so far with regard to the three aspects of the GP Super Clinics Program, and consider how these can inform further investment in primary health care infrastructure and services.

The evaluation had primary and secondary evaluation questions for each of the three aspects of the GP Super Clinics Program: implementation, establishment and operations. These questions are included in Appendix 2.

3.2 Evaluation Methods

The methods for the evaluation were tailored to the three aspects of the GP Super Clinics Program:

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

Ethics Committee approval was sought and gained from the Department of Health and Ageing Ethics Committee (Approval Project 11/2011).

3.2.1 Methods for Implementation Aspect

Desk reviews of the documents associated with this phase of the GP Super Clinics Program were undertaken by two members of the consultancy team. The documents subject to the desk

review were identified and confirmed by the evaluators in conjunction with Department of Health and Ageing staff. These documents included:

- *New Directions for Australia's Health: Delivering GP Super Clinics to Local Communities*¹
- *Building a 21st Century Primary Health Care System: Australia's First National Primary Health Care Strategy*³
- *A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission*⁵
- *GP Super Clinics National Program Guide 2008*²
- *GP Super Clinics National Program Guide 2010*¹⁹
- *Primary Care Infrastructure Grant Guidelines 2011*²⁰
- *Commonwealth Grant Guidelines: Policies and Principles for Grants Administration 2009*²¹
- A random selection of Department of Health and Ageing documents from each of the “rounds” of the Program including examples of:
 - Applications
 - Operational Plans
 - Project Plans
 - Funding Agreements

It is noted that the Commonwealth Grant Guidelines were not in place at the commencement of the implementation aspect of the Program but were published during this period. As such, these guidelines were not used by the GP Super Clinics Branch to guide all elements of the implementation aspect. However, they have been used as part of the checklist developed for the evaluation for determining the extent of compliance with policy implementation.

The assessment tool to be applied to all the documents was developed by the evaluation team. The tool reflected the key elements of the agreed documents. It was developed iteratively between the evaluators in order to ensure it comprehensively addressed all aspects of the documents.

The initial stage of the desk review involved two evaluators independently assessing one set of documents to ensure that the assessment tool was being applied consistently. The separate results of this process were compared to identify areas of inconsistency between the two assessments. Points of difference were identified and discussed until agreement was reached. This process was repeated until consistency in the application of the assessment tool was reached. The assessment tools were then applied to all agreed documents. Within each of

these areas further grouping occurred related to areas of full compliance, partial compliance or non-compliance with the elements of the assessment tool.

Interviews with Department of Health and Ageing staff who were involved in the program implementation were undertaken. Interview questions focused on the process of policy implementation. The interviews aimed to complement the information derived from the desk reviews assessment process and to explore the factors impacting on the implementation aspect.

3.2.2 Methods for Establishment Phase

The methods for the establishment phase included five elements:

- Desk reviews
- Surveys of GP Super Clinic Directors
- Surveys of Department of Health and Ageing staff involved with specific sites
- Telephone interviews with GP Clinic Directors
- Development and application of a value for money tool.

Desk Reviews

Desk reviews of the documents associated with the establishment aspect of the Program were undertaken by the member of the consultancy team with significant experience in assessment and evaluation of major construction projects across Australia. The documents included those relevant to the construction phase including:

- Development applications
- Project Plans, where available
- Variation notices.

These documents contained information about construction, associated funding and milestones. The purpose of the desk review was to identify the processes for construction and variations in timelines and budgets.

GP Super Clinic Directors Survey

A pen-and-paper survey was sent to the GP Super Clinic Directors (funding recipients) to provide information on the construction of the GP Super Clinics and to verify and further explore the processes and variations for construction.

GP Super Clinic Directors Interview

The GP Super Clinic Directors were asked to participate in semi-structured interviews. The interview aimed to support the completion of the survey and was thus tailored to each of the GP

Super Clinics, dependent on the information provided in the survey. Additional information sought in the interview included factors which impacted on construction.

Department of Health and Ageing Staff Survey

A pen-and-paper survey was forwarded to Department of Health and Ageing staff with site-specific responsibility for each of the GP Super Clinics. The purpose of the survey was to gather perceptions of the processes of construction and reasons for variations, to allow comparison with the perceptions of GP Super Clinic Directors.

Value for Money

The value for money tool was developed by members of the evaluation team with expertise in construction and quantity surveying. The value for money evaluation methodology was based on:

- A location factor, recognising the projects' remoteness from large population centres and industry with correspondingly higher costs per square metre (m²)
- A construction complexity factor, in the form of three light/medium/heavy construction categories, recognising that construction costs rise as construction complexity rises
- A construction type factor, related to new construction, building conversion, building refurbishment or tenancy fit-out, recognising the lower construction costs as the extent of new construction work decreases under each of these categories
- A timing factor, recognising when the construction was or will be carried out, with commensurate allowance in the range of prices (per m²) for escalation.

Cost templates were developed for comparison with the cost information provided by respondents to the Establishment Aspect surveys for the assessment of value for money.

This evaluation methodology is commonly and routinely used throughout the property industry, in particular as a method of checking feasibility or viability of development projects. To ensure that any "underage" or "overage" in the cost of one element of a project (e.g. car parking, consultants' fees, fixtures, furnishings and equipment) does not affect the assessment of the dollar (\$) cost per m² of the building works, the surveys sought information on these other elements so that they could be excluded from the assessment. Where any of these elements was valued by the survey respondents at substantially higher or lower costs than quantity surveyors assessed as reasonable, further enquiries of the respondents were made. In most cases, the cost information originally provided by the respondents was amended, with this amended information used in the value for money assessment.

3.2.3 Methods for Operations Aspect

The operations aspect of the evaluation involved a number of methods to capture data from a range of stakeholders involved across the seven sites. Participation was voluntary. Patients and clinicians were informed that there would be no adverse consequences as a result of not agreeing to participate in completion of the survey or in semi-structured interviews.

GP Super Clinic Directors On-line Self-assessment Form

An on-line self-assessment form was developed to enable each Director to detail the extent of implementation of approaches aligned to the GP Super Clinics Program objectives. Each Director was sent an email with a unique link to an on-line self-assessment form. The email included a letter of invitation to the evaluation. Completion of the on-line self-assessment form was considered to be consent. The online-survey system automatically provided prompts for those who did not respond. Two reminder emails were sent to non-responders.

Patient Survey

Patients over 18 years of age attending any of the seven GP Super Clinics two weeks prior to the site visit were asked by reception staff to complete pen-and-paper surveys. All seven GP Super Clinics were sent 150 surveys in envelopes. The GP Super Clinics were also sent an instruction sheet for the provision of the surveys, for use by reception staff. This sheet addressed procedures for:

- Providing patients with the envelope containing the survey and letter of invitation
- Assessing eligibility
- Identifying patients from Non-English-speaking backgrounds (NESB)
- Answering questions patients may ask about the survey and its completion
- Returning all sealed surveys to the evaluation team.

Eligibility criteria related to whether patients were considered cognitively able and physically well enough to complete the survey. Patients considered cognitively able were those who could converse at a level equivalent to year 10 education. In line with standard patient categorisation methods used in general practice, patients with conditions identified by reception staff as non-urgent or not requiring immediate medical attention were classified as physically well enough. Staff at the GP Super Clinics placed notices regarding the evaluation in the waiting rooms and on the reception counters.

Patients were advised about the survey by reception staff and shown where they could access unsealed brown envelopes which contained the patient letter of invitation and the patient survey. Those identified as NESB patients were offered white envelopes containing the survey, an information sheet for their family members to support the patients completing the surveys, and stamped self-addressed envelopes which allowed the patients to post the completed surveys to the evaluators. Reception staff asked the NESB patients to discuss the survey with their families and if completed, to return it in the supplied reply-paid envelopes.

The aims of the patient survey were to:

- Assess patient perceptions of the GP Super Clinics in relation to
 - accessibility

- affordability
- cultural and linguistic relevance
- Examine whether perception is associated with age group, gender, employment status, country of birth and health insurance status
- Assess patient self-report of clinician discussion of lifestyle risks, screening and management of health conditions

The survey included items on demographics, access to primary health care, and experiences related to the GP Super Clinics Program objectives. The data from the survey were entered into Excel and transferred to Stata statistical software for analysis.

Clinician Survey

The Director of each of the seven GP Super Clinics was asked to provide the names, positions and contact emails for each of the clinicians who provide services at the GP Super Clinics. Clinicians included general practitioners, medical specialists, and nursing and allied health staff. To encourage participation in the survey, information notices were provided for display in the staff rooms at the GP Super Clinics and for inclusion in staff newsletters. Clinicians had the option of declining the request for their details being sent to the evaluation team. Participation was voluntary, and staff were informed that there would be no adverse consequences as a result of not agreeing to have their contact details sent to the evaluation team.

The aims of the clinician survey were to:

- Assess clinicians' perceptions of:
 - the importance of key elements of the GP Super Clinics Program in providing high quality primary care
 - how well elements of high quality primary care were being implemented in their GP Super Clinics
 - the factors which support multidisciplinary care in their GP Super Clinics.
- Compare patient report and clinician report of clinician discussion of lifestyle risks, screening and management of health conditions.

The evaluation team was provided with the names of 131 clinicians. The clinicians were sent emails requesting their participation in an online survey by completing the survey within two weeks of its receipt. The email included links to a letter of invitation outlining the evaluation and the survey. The on-line survey system automatically sent non-responders or partial responders reminder emails after five, nine and twelve days. The survey focused on their experiences in providing services at the GP Super Clinics in line with the Program objectives.

Site Visits

Site visits to each of the seven operating sites were undertaken. Semi-structured interviews were conducted for each of the stakeholder groups including:

- GP Super Clinic Directors
- Clinicians
- Patients
- Community stakeholders

Notices about the interviews for clinicians, staff and patients were provided in waiting and staff rooms. Information sheets and consent forms were provided to the consenting participants. For this evaluation the community stakeholders were those who had been involved in the early stages of the development of the GP Super Clinics. The names of these community stakeholders were provided by the GP Super Clinic Directors to the evaluation team. These community stakeholders were contacted by telephone by a member of the evaluation team. Information about the evaluation was provided to each stakeholder verbally. If stakeholders indicated willingness to participate in interviews they were sent information about the evaluation and consent forms by email.

The interviews were tailored to each of the stakeholder groups relevant to their discipline and/or their role in the development and operation of the GP Super Clinics. The interviews were held in separate (private) rooms at the GP Super Clinics. A log of the interviews for each stakeholder group was recorded with data on age, gender and discipline of clinicians. Each interview was recorded, and all interviews were analysed for common themes.

3.2.4 Statistical Analyses for Surveys

Patient Survey

Socio-demographic characteristics of the patient sample, such as age group, gender, employment status, country of birth, Aboriginality, marital status, health insurance status and GP Super Clinic attendance characteristics, are presented using frequency distributions. The percentage of respondents who agreed or strongly agreed with each reason for attending the GP Super Clinics, and the percentage who reported that their clinicians had sometimes or always discussed lifestyle risks, screening and management of health conditions are reported with 95% confidence intervals. Confidence intervals for proportions were adjusted for clustering of patients within clinics using the survey commands in Stata.

Clinician Survey

Socio-demographic characteristics of the clinician sample, such as age group, gender and employment category, are presented using frequency distributions. The percentage of clinicians are reported with 95% confidence intervals who: rated the importance of each of the elements of the GP Super Clinics Program as high or very high (levels 4 or 5); considered that each of these elements was being extensively or fully implemented (levels 4 or 5); agreed or strongly agreed

with factors supporting multi-disciplinary care; and reported that they sometimes or always discussed aspects of patients' preventative health care.

3.3 Sample Sizes

3.3.1 Patient Survey

Assuming a design effect of 1.3, a sample size of 500 patients would allow estimation of proportions with 95% confidence intervals within $\pm 5\%$ of the point estimate. At a response rate of 60%, it was estimated that 840 patients should be approached to participate in the survey.

3.3.2 Clinician Survey

It was anticipated that approximately 140 clinicians would work across the seven operational GP Super Clinics. Assuming a minimum response rate of 50%, the evaluation would be able to estimate proportions with 95% confidence intervals within $\pm 12\%$ of the point estimate.

3.4 Structure of This Report

The structure of this report reflects the three aspects of the Australian Government's GP Super Clinics Program: implementation, establishment and operations. The results of the data collection in each of these aspects are reported in chapters 4 to 6. The final chapter discusses the key learnings and recommendations for the GP Super Clinics Program and for the broader primary health care system, based on the results of this evaluation.