

## 4 Implementation Aspect

The implementation aspect of the GP Super Clinics Program addressed the process of translation of government policy and announcements for localities and the scale of investment for each capital works project into the reality of the Program.

### 4.1 Policy Alignment

The GP Super Clinics Program aligns with the major health, and in particular primary health care policies of the Australian Government, such as the National Primary Health Care Strategy.<sup>3</sup> This strategy provides the platform for primary health care system reform in Australia and is aligned to the National Health and Hospitals Reform commitment to strengthening the primary care sector.<sup>5</sup> The policy reflects empirical evidence that effective primary care in local communities means people stay healthier, manage chronic disease and illness more effectively, and stay out of hospital.<sup>3,9</sup>

The policy approach mirrors that of many developed nations, and organisations such as the World Health Organisation.<sup>6,7,10,22-24</sup> Many of these reforms focus on primary care as the centre-piece of the health system to deliver equitable, people-focused services, supported by accountability, responsiveness and a strong focus on the health of populations.<sup>10</sup>

### 4.2 Governance

The Council of Australian Governments' (COAG) had responsibility for oversight and approval of the GP Super Clinic initiatives. Specifically, the Health and Ageing Working Group (HAWG) of COAG had responsibility for developing the bilateral working relationships with states and territories in order to progress the site-specific discussions about arrangements for location. The membership of HAWG included representatives of the Prime Minister and Cabinet and Treasury.

The Department of Health and Ageing was tasked with the conversion of the government policy into the GP Super Clinics Program 2007-2008. The GP Super Clinic Branch was established within the Primary and Ambulatory Care Division of the Department of Health and Ageing to progress policy implementation.

### 4.3 Compliance with Regulatory Requirements

The results of the checklist used to assess the extent to which implementation aligned with the regulatory requirements and guidelines associated with sound public administration demonstrate evidence of compliance with most aspects specified in the *Commonwealth Grant Guidelines Policies and Principles for Grants Administration*.<sup>21</sup> Areas of compliance where there were issues of uncertainty related to measurement of performance and outcomes in relation to the operations aspect of the GP Super Clinics Program.

The establishment aspect of the GP Super Clinics Program 2007-2008 required reporting of milestones relevant to the phases of construction and associated funding. These were reported in Project Plans, Funding Agreements and Deeds of Variation.

In the operations aspect, the GP Super Clinics are expected to report on their activities toward achieving the objectives of the GP Super Clinics Program. These objectives are broad, contain multiple concepts and at this stage, lack the development of specific indicators against which their achievement can be measured. Key performance indicators for the GP Super Clinics are currently under consideration and should inform a better understanding of the achievement of the GP Super Clinics Program.

At a minimum, senior managers of the GP Super Clinics are expected to provide two-monthly reports on services provided by the multi-disciplinary workforce of their clinic. In addition, they are also expected to report three times a year on progress towards achieving the ten GP Super Clinics Program objectives, as well as an annual report examining the activity of each Clinic over the previous 12 months, and proposing plans for the upcoming 12 months. Under the funding agreement with the Australian Government each GP Super Clinic has a designated use period of 20 years from commencement of operations. This necessitates long term program management for twenty years from the time of commencement of operations of the last of the GP Super Clinics to begin providing services. The role of the Department of Health and Ageing over this period will continue to focus on how the GP Super Clinics are delivering services to achieve the GP Super Clinic Program Objectives.

#### **4.4 Capacity Building within the GP Super Clinics Branch**

In the initial stages, the GP Super Clinics Branch was primarily focused on the establishment aspect, with the provision of funds for construction or refurbishment of buildings. In addition to knowledge and skills related to primary care, this required an understanding of construction, contract management and probity issues, expertise which was not available in the Primary and Ambulatory Care Division or in the newly established GP Super Clinics Branch at the time of implementation. As a result of these gaps being recognised, expertise in these issues was recruited or contracted or occurred through partnership development with other branches within the Department of Health and Ageing.

##### **Development of Funding Agreement**

After consulting internally across capital works programs in the Department of Health and Ageing, the Branch worked with external legal advisors to develop the Funding Agreements which would meet the necessary contractual arrangements for the provision of capital funds under the GP Super Clinics Program. While the Department of Health and Ageing had a range of templates in place for Funding Agreements, it was deemed that external independent advice with specific capital works experience was required on this aspect of the Program.

Consistent with Department of Health and Ageing (DoHA) requirements, the Program Funding and Procurement Service within DoHA provided guidance and support, to ensure that compliance with all aspects of procurement, policy implementation and risks was effectively managed.

##### **Probity**

Probity requirements for the GP Super Clinics Program were developed into probity plans. The probity plans were developed separately for competitively and directly funded sites. However, directly funded sites had to meet the probity requirements as if they were competitive. The

purpose of the plans was to ensure all aspects of the distribution of funding were conducted in accordance with all applicable laws and policies and in a manner which a third person would consider to be fair. An independent adviser conducted probity training sessions to ensure staff understood the probity aspects of the Program.

### **Risk Management Processes**

Risk management processes were developed within the Department of Health and Ageing. These were developed for the GP Super Clinics Program and for specific sites and were separated from probity with the support of partners within the Department of Health and Ageing.

### **Communication Strategy**

Following a decision by the Government that public consultations had to be held in each locality prior to the Department conducting each Invitation to Apply, the Communication Strategy was developed in partnership with the Communication Branch within the Department of Health and Ageing. The strategy supported a number of aspects of the program implementation. It aimed to ensure that the communication of simple messages about the GP Super Clinics Program was applied consistently and repeatedly.

### **General Practice Advice**

In the implementation phase of the GP Super Clinics Program 2007-2008, general practice advice was sourced from within the Department of Health and Ageing and from stakeholders including the Australian General Practice Network (AGPN) and Australian Medical Association (AMA). In an ongoing arrangement, the Department contracted GPs to contribute to the assessment processes. This advice informed the development of the *GP Super Clinics National Program Guide 2008*, as well as issues related to general practice and multi-disciplinary care.

### **Construction Adviser**

The Construction Adviser was engaged in October 2010 to review the project documentation for GP Super Clinic projects identified by the Department of Health and Ageing with respect to:

- the timelines proposed or anticipated for the selected projects
- review of those timelines and the funding recipient's performance against them, and where appropriate to interview the funding recipient to clarify areas of uncertainty as to the performance to these timelines
- reporting to the Department on the outcomes of the interview and any recommendations to restrict and recover any slippages against these timelines

Other advice provided by the Construction Adviser related to the forms of contract most suitable to the projects and contractual provisions that might be incorporated in those contracts to manage and control time and cost based claims during construction. These services were extended where needed, to include separate advice related to the anticipated costs of individual projects, procedures around statutory approvals of projects, and advice on possible means of accelerating progress on particular projects.

## Independent Financial Advice

An independent organisation offering a range of skills and experience relevant to the financial viability of integrated, multidisciplinary models of care was engaged to provide independent financial advice on the proposals for each site. The resultant report was provided to each site-specific Assessment Panel. The Independent Financial Adviser was also used to advise in relation to proposals by funding recipients for commercial borrowings.

### 4.5 The GP Super Clinics National Program Guide 2008

The *GP Super Clinics National Program Guide 2008*, which informed the Program for the first three years, was a key product of program implementation. In particular, it guided the processes for consultation and the separate Invitations to Apply (ITA) at all nominated GP Super Clinic localities. The *GP Super Clinics National Program Guide 2008* aimed “to give an overview of the national arrangements for the Program, as well as providing information on the funding potentially available and broad application processes”.<sup>2</sup>

In its development, a version of this document, titled *GP Super Clinics Program Overview*, was provided as an “in-confidence draft for the purposes of consultation” to a large range of key primary health care stakeholder organisations for comment in January and February 2008, with a two-week response time. Individuals representing thirty-eight separate health organisations such as discipline-specific professional bodies, professional colleges, service network organisations, state health services and educational and training organisations were invited to comment on the draft overview document. Responses were received from thirty of these organisations. These responses were then publicly released on the Department of Health and Ageing website in April 2008, accompanied by a “Frequently Asked Questions” document. In light of comments from the consultation processes, and advice regarding funding and probity, this draft document was subsequently revised to become the *GP Super Clinics National Program Guide 2008*.

### 4.6 Evolution of the GP Super Clinics Program

There have been a number of developments in the GP Super Clinics Program which were noted from the document review and from interviews with Department of Health and Ageing staff. Many of these have been represented in updated editions of the Funding Agreement and the FAQs.

#### 4.6.1 The GP Super Clinics National Program Guide 2008

The *GP Super Clinics National Program Guide 2008* applied to the clinics which were selected in the 2007-2008 tranche.<sup>2</sup> As the Program developed, the *GP Super Clinics National Program Guide 2008* was reviewed in the context of lessons learnt, with the subsequent publication of the *GP Super Clinics National Program Guide 2010*.<sup>19</sup> While it was evident that there was consistency between the two *Guides* in terms of the policy for the Program, there were a few key differences between the two documents which reflected learnings from the first tranche of GP Super Clinics with the 2010 *Guide* providing greater specificity of requirements.

## 4.6.2 Reporting Requirements

The reporting requirements have evolved over the course of the implementation and establishment aspects of the GP Super Clinics Program. The evolutions aimed to ensure that the reporting requirements in the establishment aspect more closely aligned to construction industry standards and that service arrangements during the business start-up phase were aligned with the GP Super Clinics Program objectives. Results in the establishment aspect of this evaluation reflect the need for even more evolution.

## 4.7 Invitation to Apply Processes

The invitation to apply (ITA) process to become a GP Super Clinic was described in the *GP Super Clinics National Program Guide 2008*, and notification about consultations occurred through direct contact, media and notices on the websites. The processes for each ITA and for assessment of applications were transparent and appeared to have complied with principles of sound public administration.

### 4.7.1 Consultation in GP Super Clinic Locations

Community consultations were undertaken in each of the identified GP Super Clinics locations, mainly but not exclusively through public forums.<sup>2</sup> The purpose of the consultations as articulated in the *GP Super Clinics National Program Guide 2008* was to:

- Share with the wider community the Commonwealth Government's intentions in investing in that community by establishing a GP Super Clinic
- Provide a forum at which the Commonwealth Government could gather the views of local health professionals and the wider community on the health needs and service priorities for the GP Super Clinic and also identify specific local issues that may impact on the implementation of the initiative
- Provide general information on application and funding processes for that particular GP Super Clinic locality
- Define, where applicable, what state or Territory contribution (if any) would also be available for that locality

In many instances, the Department also met directly with the AMA in conjunction with the public consultation. Other mechanisms for consultation included opportunities for feedback on the GP Super Clinics Program website, consultation with local Federal members and, where relevant, meetings with specific individuals. The public forums were supported by a DVD developed for these forums and a communication and consultation strategy. The key issues identified at each of the public forums were published on the Department of Health and Ageing website GP Super Clinics Section.

### 4.7.2 Assessment Panels for GP Super Clinics

Assessment panels were established for each of the GP Super Clinics localities. The panels were made up of experts with a range of skills relevant to the GP Super Clinics Program,

including a GP adviser on all assessment panels. The panels met to assess the applications resulting from the ITAs. Each panel received training, including training on issues related to probity in the process for assessment prior to the rating the applications. Comprehensive tools to support effective probity briefings were developed for consistency, and these have the potential to be used in similar grants programs. The assessment was based on capacity to achieve the GP Super Clinics Program objectives, the capacity of the proposed building to support the model of care, meet regulatory requirements and sustain financial viability, and on the use of information technology (IT).

#### **4.8 Factors Impacting on the Implementation of the GP Super Clinics Program**

A number of factors were identified as impacting either positively or negatively on the implementation of the GP Super Clinics Program 2007-2008. These factors were derived from document reviews and from interviews with Department of Health and Ageing staff.

##### **Ministerial and Departmental Commitment**

It was perceived and was obvious in documents such as Ministerial briefings and minutes that there was a high level of Ministerial commitment to the GP Super Clinics Program. This aligns with evidence cited in the document, *Implementation of Program and Policy Initiatives: Making Implementation Matter*, which stresses the importance of leadership and commitment.<sup>25</sup> This commitment was demonstrated through the approval processes at different levels of governance structures and through the locality-specific consultation processes. The commitment and leadership within the Division and Branch were also cited as positively impacting on implementation.

##### **Division and Branch Capacity**

There was no allocation within the budget for program implementation, i.e. the allocation of program staff is excluded in grants budgets. To address this, staff and funds were identified from other programs in the Primary and Ambulatory Care Division within the Department of Health and Ageing. This potentially compromised the adequacy of staffing in numbers, skills and experience, addressed the necessary start-up staffing levels, but did not address identified skills gaps.

The identification and filling of skills gaps was perceived to be an important factor in program implementation. The requirements for staff managing a grants program for construction and a new model of primary care were considerable. In addition to contracting specific expertise, a staff development program was tailored to train existing staff. This training is now part of the orientation program for all new GP Super Clinic Branch staff.

The complexities of managing large construction programs have been challenging for staff. The extensive consultation processes as part of the Invitation to Apply processes have also been demanding. The complexities of corporate structures commonly found in general practice have added to these challenges. Staff burnout was recognised as an issue which had the potential to impact on GP Super Clinics Branch operations.

The structure within the GP Super Clinics Branch has progressively evolved. It now facilitates vertical and horizontal integration across the executive team within the Branch. Executives have

diverse yet complementary skills for the nature of this Program. This was perceived to have positively impacted on the effectiveness of the Branch in managing the complexities of this grants program.