



Australian Government

Department of Health and Ageing

GP superclinics

National Program Guide
2010

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1 Introduction

1.1 Purpose of this document

Welcome to the GP Super Clinics National Program Guide 2010 (the Guide).

This Guide is designed to provide details of the national arrangements for the GP Super Clinics Program (the Program), including the funding potentially available for new GP Super Clinics announced by the Australian Government in the 2010-11 Budget, and associated information on how to apply, assessment processes and a sample application form.

Intending applicants should check the Invitation to Apply (ITA)¹ for each locality (including relevant specifications) carefully to ensure they are fully familiar with the requirements for that particular locality and the terms on which applications are sought and regarding which funding may be provided.

Please note that the Department of Health and Ageing (the Department) is not seeking responses to this document.

1.2 The GP Super Clinics Program

Since 2007, the Australian Government has committed more than \$275 million to funding 36 GP Super Clinics that are being built across the country, enhancing GP and primary health care.

Under the 2010-11 Budget, the Government has committed to establishing 28 new GP Super Clinics. These new GP Super Clinics will be rolled out progressively over 2010 and 2011 at identified locations through a mix of competitive and direct funding processes.

Across the 28 GP Super Clinic locations, there will be significant variation in the health needs and priorities of each community. The intention is that arrangements will allow flexibility in how GP Super Clinics respond to the local health care needs and priorities. Each application for funding should be tailored for the locality, taking into account the specific circumstances of that community.

Expected outcomes for the GP Super Clinic Program, (subject to receipt of applications suitable for funding) include:

- Increased primary health care infrastructure;
- Improved access to integrated, multidisciplinary primary care health services; and
- Increased education and training placements in a multidisciplinary care setting for the future primary care workforce.

¹ Invitations to Apply are part of a funding process and are used to facilitate the provision of funding for approved community activities to achieve objectives that are consistent with Australian Government policy. Tenders are not the same as Invitations to Apply. Tenders are part of a procurement process used to purchase services for the direct benefit of the Australian Government.

1.3 Invitation to Apply

Funding for the additional 28 GP Super Clinics will be made available through a mix of competitive and direct funding processes through Invitations to Apply in 2010 and 2011. Generic applications for GP Super Clinics for multiple localities will not be accepted.

Intending applicants should ensure that they are aware of all relevant deadlines in respect of the ITA for a particular location. As each location is opened for funding, advertisements will appear in national, state or territory based newspapers and on the Department's website at www.health.gov.au under the Tenders and Grants link. Intending applicants are encouraged to regularly monitor the press for advertisements. Details of the ITA and application processes are at page 11 of this Guide.

The Department maintains an Interested Parties Register. Intending applicants are encouraged to register their interest in a particular locality. By emailing gpsuperclinics@health.gov.au, registered parties may receive notification by email when the ITA for the relevant location has been released.

Parties may also register their interest in being advised of the overall implementation arrangements for the 28 new GP Super Clinics.

1.4 Further Information

For questions or further information about the GP Super Clinics Program please email your enquiry to gpsuperclinics@health.gov.au .

We will do our best to respond to your enquiries promptly. However, please note that the ability of the Department of Health and Ageing to respond to enquiries, and the timeframes for any responses, will depend on various factors, including the number of enquiries received and the nature of those enquiries.

2 Policy Context

Australia needs a health care system that keeps people well, not just one that looks after them when they are sick. The Australian Government is committed to building a stronger primary health care system that is more efficient, lowers rates of avoidable hospital admissions, reduces health inequalities and improves health outcomes.

The Australian Government is taking action through its National Health and Hospitals Network.

The National Health and Hospitals Network will ensure that services are designed around the needs of patients, with a strong orientation towards prevention, early intervention and high quality integrated care. This will also take pressure off our public hospitals and improve the financial sustainability of our health and hospital system.

A strong primary health care sector is critical to the future success of our health care system. It focuses on keeping people well and able to participate in life and work, rather than just looking after them when they are sick.

Building on its commitment to taking funding and policy responsibility for GP and primary health care, the Australian Government will also strengthen these services to ensure patients receive better care in the community, and ensure Australians have better and more convenient access to these services close to home.

The *National Health and Hospital Reform Commission Report* June 2009, and the National Primary Health Care Strategy, identified infrastructure as a cornerstone to increasing the capacity of primary health care to adapt to our current challenges, including:

- the growing burden of chronic disease;
- avoidable hospital admissions;
- changes in treatment meaning that patients need greater and more complex care in the community; and
- increasing demand for clinical placements and training facilities for primary health care students and health professionals.

In the 2010-11 Budget the Australian Government invested an additional \$355.2 million to improve the quality and accessibility of primary health care services by supporting the establishment of 28 new GP Super Clinics and providing funding to upgrade and extend around 425 general practices, primary care and community health services, and Aboriginal Medical Services to improve access to integrated GP and primary health care.

This builds on the Government's previous investment of \$275.2 million to establish 36 GP Super Clinics across Australia.

GP Super Clinics are a key element in building a stronger national primary health care system including a greater focus on health promotion and illness prevention and better coordination between GPs and allied health services, community health and other state and territory funded services.

As with the original GP Super Clinics, the additional 28 GP Super Clinics will offer a more extensive array of primary care services in a single location than traditional general practices, with integrated services delivered by teams of health professionals. They will open for extended hours and have significant capacity for inter-professional clinical training and education.

The nature of the primary health care workforce continues to change. Multidisciplinary teams are increasingly broadening this workforce beyond general practice, and supported by technology, are enabling new service models. New doctors want more flexibility in their career and working conditions than traditional models of general practice, particularly in regional areas. GP Super Clinics continue to offer flexibility around roles and present opportunities for different ways of delivering services.

3 Program Overview

3.1 What is a GP Super Clinic?

GP Super Clinics are newly constructed or significantly extended facilities which support the delivery of integrated, multidisciplinary primary care services and the training and education of the future primary care workforce.

GP Super Clinics bring together GPs, practice nurses, visiting medical specialists and allied health professionals and other health care providers to deliver better primary health care, tailored to the needs and priorities of the local community.

GP Super Clinics support primary health care providers to adopt models of care focussed on best practice multidisciplinary integrated team-based approaches to service delivery, making efficient and effective use of technology. GP Super Clinics provide a greater focus on chronic disease prevention and management, as well as supporting health providers in the achievement of economies of scale in delivering high quality health care services.

While it is likely that GP Super Clinics will take pressure off local public hospitals, all patients will retain their right, under the Australian Health Care Agreements, to attend public hospitals and emergency departments at no cost if they so wish.

GP Super Clinics are also designed to help address one of the key areas of inefficiency and duplication in our health system by improving integration between Commonwealth funded primary care services and State and Territory funded primary care and hospital services. Most services provided at GP Super Clinics will be provided under the usual fee for service arrangements that attract Medicare rebates, however state, territory or local government funded services will be provided in accordance with the charging policies of the relevant government.

Any services provided through a GP Super Clinic for which an MBS rebate is claimed, will need to be delivered under arrangements which are compliant with Section 19(2)a of the *Health Insurance Act 1973*.

GP Super Clinics provide a high quality clinical training environment for medical, nursing and allied health professional students and new graduates, in addition to prevocational doctors and GP registrars.

3.2 Program Objectives

While there is not a prescriptive model for GP Super Clinics, there are a number of core characteristics which the Commonwealth expects each funded clinic to demonstrate:

- GP Super Clinics will provide their patients with ***well integrated multidisciplinary patient centred care***. GP Super Clinics will support their patients, particularly those with, or at risk of, chronic disease(s), with the option of receiving the full range of health services they need in a coordinated manner, where possible and appropriate, in a single convenient location. Underpinning this care will be integrated models of clinical governance and shared care protocols, as well as a strong focus on supporting patient self management.

- GP Super Clinics will be **responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islander peoples and older Australians in Residential Aged Care Facilities and community based settings**. Ensuring GP Super Clinics address local needs and priorities and have local community support will be a key element of the establishment process. As part of a demonstrated long term commitment to local health care services, organisational governance arrangements for the clinics will need to provide for ongoing community engagement and input.
- GP Super Clinics will provide **accessible, culturally appropriate and affordable care** to their patients. While health professionals will retain their autonomy over billing, GP Super Clinics will be strongly encouraged to bulk bill Medicare Benefits Schedule funded services.
- GP Super Clinics will provide **support for preventive care**, including promotion of healthy lifestyles, addressing risk factor and lifestyle modification to prevent chronic disease and improving early detection and management of chronic disease.
- GP Super Clinics will demonstrate **efficient and effective use of Information Technology**. This would include an electronic clinical information system that can make patients' medical records available (with patient consent) to all practitioners (including allied health professionals) at the GP Super Clinic and to external providers as appropriate.
- GP Super Clinics will provide a **working environment and conditions which attract and retain their workforce**. This could entail a range of models, including scope for health professionals to contribute clinical sessions and teaching activities, possibly on a salary basis, without needing to consider routine administrative and practice management activities. As workplaces of choice, GP Super Clinics will also provide support for primary health care research to complement clinical service delivery.
- GP Super Clinics will be centres of **high quality best practice care** and will be expected to meet industry accreditation standards, including accreditation against the Royal Australian College of General Practitioners' Standards for General Practice (3rd or 4th edition), and accreditation for training, where this is applicable. Where appropriate, GP Super Clinics would also be encouraged to participate in the Australian Primary Care Collaboratives Program.
- Post establishment, GP Super Clinics will **operate with viable, sustainable and efficient business models**, drawing revenue from existing programs and initiatives (including provision of health services under usual fee for service arrangements), and potentially other sources such as community partners.
- GP Super Clinics will **support the future primary care workforce** by providing high quality education and training opportunities supported by infrastructure for trainee consulting rooms, teaching rooms and training facilities to make general practice attractive to students, new graduates, GP trainees and registrars and other health professionals.
- GP Super Clinics will **integrate with local programs and initiatives**, demonstrating enhanced co-ordination with other health services and a partnership approach to local health service planning and coordination. This will further strengthen local general practice and the broader local primary health care services.

4 Service Delivery Models

4.1 What services could a GP Super Clinic provide?

There is no one model for GP Super Clinics. The potential range of services and potential target populations for GP Super Clinics will be determined in line with local community health care needs and priorities to complement and enhance the range of existing health services.

Within a GP Super Clinic a range of services will potentially be delivered by multiple service providers and be facilitated through physical co-location or through agreed shared clinical service arrangements. The types of health care services provided through a GP Super Clinic could include, but are not limited to:

- General practice (with practising GPs an essential element of each GP Super Clinic);
- Facilities for regular services provided by allied health professionals, such as physiotherapists, dietitians, podiatrists, occupational therapists, and specialist care for seniors;
- Psychology services and relevant mental health support programs, including drug and alcohol counselling;
- Consulting rooms for visiting medical specialists;
- Facilities for practice nurses to provide comprehensive primary health care (as part of a multidisciplinary team), including early identification and intervention activities for chronic disease, risk modification counselling, self-management support, care planning and coordination;
- Facilities for running regular chronic disease management programs and community education (e.g. weight management and smoking cessation programs);
- The provision of dental services – both public and private;
- Linkages with key components of the local health system such as hospitals, community health services, other allied and primary health care services, health interpreting services, telephone triage services (such as the National Call Centre Network or similar) and other established telephone help lines (such as telephone counselling services);
- Community health services funded by state and territory governments;
- Co-located diagnostic services, provided that these are consistent with relevant pathology and diagnostic imaging legislation. Co-location of diagnostic imaging services may require consideration of specific building standards; and
- A health resource library for patient education.

All of the 28 GP Super Clinics funded under the 2010-11 Budget, including hub and spoke model clinics, will offer hours of opening that extend beyond 8am-6pm weekdays and 9am-12 noon Saturdays.

Ideally, patients of GP Super Clinics will have ready access to pharmacy services.

Services within a GP Super Clinic may be delivered by a range of providers, including Commonwealth, State, Territory or local governments, private sector and non-profit organisations.

There is also the possibility that a GP Super Clinic could provide outreach primary health care services to other primary care facilities – to further strengthen local general practice and the broader local primary health care infrastructure. Alternatively, the GP Super Clinic could

provide facilities or services which could be accessed by GPs or other health professionals from the surrounding area. These “outreach” and “inreach” services could be provided as part of a single clinic arrangement, or as part of a broader arrangement which could be described as a ‘hub and spoke’ arrangement.

4.2 Hub and Spoke arrangements

Hub and spoke arrangements will vary depending on the nature of the organisations involved, and the types of services to be, or being, provided. A hub and spoke arrangement does not imply that one site is larger, or providing more services, than the other sites.

Hub and spoke arrangements must ensure that:

- In at least one site, privately practising GPs will deliver services during standard business hours (generally accepted as being around 8am to 6pm weekdays and 9am – 12 noon Saturdays);
- The GP Super Clinic offers other preventive and primary care services such as allied health or specialist services; and
- All sites are situated within the community identified to receive the GP Super Clinic.

In addition, if selected for funding, the arrangements will be required to provide that:

- One organisation (it can be a new entity created for the purpose) operates as the funding recipient;
- All service sites formally operating as part of the GP Super Clinic are specified in the funding agreement and identifiable through signage as part of the GP Super Clinic;
- All providers will share clinical governance and organisational governance arrangements;
- Information management and information technology systems for telephones, appointments, referrals, patient records and billing are shared across all service providers and sites (or there is a demonstrated commitment to move towards such an arrangement); and
- GP Super Clinic funding is only used at the service sites formally identified in the funding agreement as part of the GP Super Clinic.

Subject to these requirements being met, there is flexibility about the service arrangements within and across hubs and spokes.

4.3 How are State and Territory Governments involved in the Program?

GP Super Clinics have been identified as a priority area by the Council of Australian Governments.

The Commonwealth and State and Territory governments worked collaboratively to implement the initiative. All jurisdictions were involved in the overall design and implementation of the Program across the 36 original localities.

In some of the original localities, state, territory and local governments provided contributions towards establishing GP Super Clinics. While similar arrangements may not be identified for the additional 28 GP Super Clinics, applicants are encouraged to consider possible state, territory and local government contributions. These could include land, capital or recurrent

funding contributions together with in-kind provision of capital works project management expertise.

In all instances, integration between the range of privately and publicly provided services is an important element of GP Super Clinic operations.

4.4 Consultation and Community Engagement

Local consultation is an important component in the establishment of a GP Super Clinic. Intending applicants are encouraged to consult as part of preparing input to the application form.

While some local variation can be anticipated, the purpose of consulting with the local community will be to:

- Share with the local community the applicant's intentions in investing in that community by establishing a GP Super Clinic;
- Gather the views of local health professionals and the wider community on local health needs and service priorities for the GP Super Clinic;
- Identify specific local issues that may impact on the implementation of the clinic; and
- Identify opportunities for other individuals and organisations to:
 - contribute to the establishment of the clinic;
 - work in, or deliver services within the clinic; and/or
 - establish linkages that provide for outreach GP Super Clinic services to local primary care service providers.

4.5 Governance Arrangements

GP Super Clinics will not be owned or operated by the Commonwealth Government. While governance arrangements will vary, and will evolve over time, each GP Super Clinic will have clinical and organisational governance that reflect the particular circumstances for that clinic.

It is expected that each GP Super Clinic will have a robust governance structure capable of delivering the Program Objectives, including addressing local health needs and priorities while being properly accountable for the expenditure of government funds received.

Clinical Governance

Clinical governance refers to how the GP Super Clinic manages responsibility and accountability for clinical performance across the organisation, be it located in one site or at various locations under a hub and spoke model. It is an essential tool in ensuring high standards of patient care delivery within an integrated, multidisciplinary setting, underpinning the relationships between various health professionals working at the GP Super Clinic, their patients, and the wider community.

Clinical governance in integrated primary care ensures that all clinicians (and potentially administrative staff) in the clinic are involved in the governance process, including identifying and managing risk as well as planning, implementing, delivering and evaluating clinical services. The clinical governance framework is the mechanism through which the GP Super

Clinic manages its accountability for continuously improving the quality of services provided to patients, safeguarding high standards of care and ensuring the Program Objectives are met.

This requires a focus on the delivery of services using a team based approach, involving joint standard setting and monitoring of clinical performance. Clinical governance may include, for example, shared care protocols based on best practice guidelines and consensus arrangements within the GP Super Clinic that are guided by a cross-professional steering group.

Organisational Governance

This relates to how a GP Super Clinic manages the operational and financial aspects of the business, for example through the establishment of a Management Board and, where appropriate, the appointment of a Chief Executive Officer.

Organisational governance arrangements provide the framework for meeting legal obligations, strategic and policy planning, human resource management, community engagement policies and financial oversight.

5 Funding Arrangements

5.1 About the funding process

Across the additional 28 GP Super Clinics, different processes may be used to select the organisation that will take responsibility for the construction and operation of the clinic, depending on the situation at each location. However, all processes will be conducted using the published selection criteria, set out at page 12.

These processes could be:

- A competitive ITA process; or
- A direct ITA process where the potential funding recipient has already been identified.

The assessment information in this Guide relates particularly to competitive ITA processes and may vary where a directly funded arrangement, or a joint Commonwealth/State funding arrangement is undertaken. The Commonwealth's current intentions in relation to locations where a competitive ITA will apply are as follows:

- A competitive Invitation to Apply will be advertised in the national and state or territory press and on the Tenders and Grants page of the Department's website at <http://www.health.gov.au> ;
- Each assessment process will be conducted using the published selection criteria, set out at page 12. Once applications are assessed, a recommendation will be made to the First Assistant Secretary, Primary and Ambulatory Care Division, Department of Health and Ageing. Once approved, a letter will be sent to the preferred applicant inviting it to enter into negotiations with the Department;
- For each grant, once a successful outcome to negotiations has been reached, the preferred applicant will be formally offered funding on the basis of the terms and conditions included in the sample funding agreement forming part of the ITA document package;

- Upon execution of the funding agreement, details of the grant will be published on the Department's website; and
- Unsuccessful applicants will be notified in writing that their application has been unsuccessful and offered feedback as set out at page 26.

5.2 Selection criteria

There are three (3) selection criteria for the GP Super Clinic funding. These criteria are outlined below:

Criterion 1

The potential for the proposed GP Super Clinic to meet each of the Program Objectives as summarised below and further articulated at 3.2 of the GP Super Clinics National Program Guide 2010:

1. Provide its patients with well integrated multidisciplinary patient centred care;
2. Be responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islander peoples and older Australians in Residential Aged Care Facilities and community based settings;
3. Provide accessible, culturally appropriate and affordable care to its patients;
4. Provide support for preventive care;
5. Demonstrate efficient and effective use of Information Management and Information Technology (IM/IT);
6. Provide a working environment and conditions which attracts and retains its workforce;
7. Is a centre of high quality best practice care;
8. Post establishment, operates with a viable, sustainable and efficient business model. [n.b. In assessing this, the Application Assessment Panel will consider a report on the application from the Independent Financial Advisor to the GP Super Clinics Program.];
9. Support the future primary care workforce; and
10. Integrate with local programs and initiatives.

AND

Criterion 2

The extent to which the proposed capital works project will deliver a GP Super Clinic which supports the delivery of integrated, multidisciplinary primary care services and supports the clinical training and education of the future primary care workforce.

In considering selection criterion 2, the Application Assessment Panel may have regard to the following:

- Proposed construction timelines and the capacity of the applicant to ensure those timelines are met;
- The extent to which the floor-plan supports the proposed multidisciplinary workforce and service mix, including supporting integration of state or territory funded and privately provided services; and
- A report on the capital works project from the Independent Construction Advisor to the GP Super Clinics Program.

AND

Criterion 3

The efficient and effective use of the funds.

Applicants should note that, in considering the extent to which the application meets selection criterion 3, the Application Assessment Panel will have regard to the following:

- The relative merit of each application;
- The geographic location of the proposed GP Super Clinic;
- The existence or otherwise of other Commonwealth or State/Territory Government funding sources available to the applicant for a capital works project;
- The extent to which the evidence in the application demonstrates that the proposed GP Super Clinic will be located in an area with one or more of the following features:
 - Poor access to health services;
 - Poor health infrastructure and or coordination;
 - Where a GP Super Clinic could help take pressure off the emergency department of a local hospital;
 - High levels of chronic disease and/or populations with high health needs, such as large numbers of children or the elderly; or
 - High population growth or anticipated high population growth.(Applications which demonstrate two of these features will score more highly than applications which demonstrate one of these features, and so on).

5.3 Who can apply?

Applications for GP Super Clinic funding are encouraged from organisations interested in providing health care in line with the Program Objectives. This could include, for example, local GPs, allied health professionals, Divisions of General Practice, local councils, non-government organisations, corporate medical practices, community groups, and not-for-profit organisations, including charitable organisations. In some cases new legal entities may be established specifically for the purpose of the Program.

A locally based State or Territory Government entity may, under partnership arrangements with private organisations, participate in an application for funding for a GP Super Clinic in a particular locality.

In circumstances where two or more organisations submit a joint application, a 'lead organisation' must be nominated to serve as the funding recipient for the project. It is intended that the lead organisation execute the relevant funding agreement and accept responsibility for meeting contractual obligations. The nomination of a 'lead organisation' should not prevent other organisations participating in the establishment of the relevant GP Super Clinic and the organisational or clinical governance arrangements.

Applicants should note that, where the assessment process does not identify a preferred applicant, the Department reserves the right to broker an arrangement between funding applicants and/or other interested parties.

5.4 What funding is available?

The needs of communities vary. Funding available for the 28 new GP Super Clinics will provide flexibility in addressing these different needs. The funding amount for each GP Super Clinic will be specified in the ITA documentation for each locality.

5.5 What can the funding be used for?

Funding provided under the GP Super Clinics Program may, within the total funding available for a location, potentially be allocated across three components: capital, recurrent and relocation incentives.

In some localities additional contributions from the state, territory or local government may also be available. These contributions, and the role (if any) of the state or territory government in the funding process for that location, may be identified as part of the ITA process for that location.

Organisations and key individuals will need to demonstrate that they have the appropriate expertise, time and resources available to support the establishment of a GP Super Clinic.

Capital Funding

Funding under the GP Super Clinics Program is primarily for capital works projects. Capital funding can be used to construct a new building or purchase or refurbish and/or extend an existing building. This includes:

- Building activities required to design and construct/refurbish the GP Super Clinic;
- Direct building costs associated with building new or upgrading existing premises (for example building, plumbing, electrical etc);
- Purchase of an existing property;
- Information management and technology systems installation; and
- Purchase of land.

Capital funding may also be used for some establishment costs for:

- Purchase of equipment necessary to provide comprehensive primary care and resuscitation including those listed on the RACGP list of practice equipment. Funding may also be considered for the purchase of other significant items such as electrocardiogram machines and vaccination refrigerators, depending on local health needs and priorities;
- Ensuring that adequate free car parking is available; and
- Infrastructure required for tele-health services.

Capital funding cannot be used for:

- Ongoing operating costs including rent, utilities, salaries and building maintenance;
- Professional health service delivery (including services to which an MBS item relates);
- Maintenance of medical equipment;
- The purchase of consumables for medical equipment (other than a consumables pack that may be supplied with equipment on delivery);
- The purchase of office consumables;
- The purchase of existing health facilities or businesses;
- Attendance at seminars or conferences;
- Travel and accommodation; and
- Student and or staff accommodation.

Non-capital costs equivalent to not more than 5% of the maximum funding available for a locality may be considered for activities which are required to set up the business, for example, professional legal and accountancy fees, professional advice regarding optimal clinical and organisational governance structures and clinical service development.

Recurrent Funding

Within the total Commonwealth funding, small funding streams will be available to each GP Super Clinic to cover the additional administrative costs associated with the delivery of a range of different health care services that are integrated from a patient perspective and tailored to meet the needs and priorities of the local community.

Recurrent funding can be used for:

A range of personnel related costs such as:

- Centralised administrative support, such as central bookings and billing arrangements;
- Maintenance of shared health records and IT infrastructure;
- GP Super Clinic centre managers; and/or
- GP Super Clinic centre nurses.

Recurrent funding cannot be used for:

- Payments for professional health services (including services to which an MBS item relates);
- Covering the costs of supervision; and
- Incentive or retainer payments.

The total amount of recurrent funding potentially available to each GP Super Clinic will reflect the business model proposed by the successful applicant. In some cases, the funding recipient may decide not to apply for recurrent funding.

Where recurrent funding is applied for and approved by the Commonwealth, the funding will be quarantined from the capital works funding and paid on a reimbursement basis under the Funding Agreement once the GP Super Clinic is in operation.

The maximum amount of recurrent funding available over the 4 year funding period is 12.5% of the total Commonwealth funding for that particular GP Super Clinic.

As part of the application process, the applicant will be requested to provide a realistic estimate of the amount of recurrent funding (if any) that may be required by the relevant GP Super Clinic over the maximum four year period. This will include a breakdown of the anticipated costs against each of the eligible recurrent funding components. The amount of funds set aside for recurrent funding can only be used for that purpose. However, the Commonwealth will consider proposals to reclassify recurrent funding to capital funding during the construction phase of the project.

Relocation Incentives

Within the total Commonwealth funding allocated to each GP Super Clinic, relocation incentive payments will be available to provide financial incentives for allied health professionals, nurses, mental health workers and/or Aboriginal and Torres Strait Islander health workers to relocate to work in private practice at the GP Super Clinic. Relocation incentives will also be available, under certain circumstances described below, for pharmacies or pharmacists.

The relocation incentives component of funding will be paid directly to the GP Super Clinic funding recipient and not to the individual practitioners who are relocating. How the relocation incentives are distributed amongst health professionals in the GP Super Clinic will be the responsibility of the funding recipient.

The relocation incentive payments will only be available for health professionals relocating to commence work at the GP Super Clinic during the first 12 months of the GP Super Clinic's operation. Relocation incentives will be paid in two instalments, half on confirmation of relocation occurring and the remainder at the end of 12 months of service at the GP Super Clinic.

Before relocation incentives will be paid to a funding recipient, the Commonwealth will require a statement from the funding recipient to confirm that it has met the relevant requirements. The requirements are outlined later in this attachment.

What does "relocation" mean?

Relocation involves the physical move from one place of practice to a GP Super Clinic by an eligible health practitioner. This may include a commitment from the practitioner to provide a number of sessions at the GP Super Clinic while maintaining another place of practice.

Health practitioners must be committed to providing professional services to the GP Super Clinic for a minimum period of 12 months and provide a minimum average of 10 hours of professional services a week for a minimum of 42 weeks per annum at the GP Super Clinic.

Who is eligible for a relocation incentive?

Allied Health Providers

- The following allied health providers are eligible for relocation incentives: audiologists; chiropractors; credentialed diabetes educators; dieticians; dentists; exercise physiologists; occupational therapists; optometrists; osteopaths; physiotherapists; podiatrists; psychologists; social workers; and speech pathologists.
- Allied health professionals must meet the eligibility criteria for non-medical practitioner providers as set out at Category 8 Miscellaneous Services Note M.3.4 of the Medicare Benefits Schedule (www.health.gov.au/mbsonline), have a current Medicare Provider Number and practice privately at the GP Super Clinic.

Nurses

- A nurse must be: a midwife who is a registered midwife who holds a current practising certificate as a midwife issued by a State or Territory regulatory authority; or a nurse who is a registered or enrolled nurse who holds a current practising certificate as a nurse issued by a State or Territory regulatory authority, and employed by the GP Super Clinic to provide services with the GP Super Clinic operational structure.

Aboriginal Health Workers

- Aboriginal and Torres Strait Islander health workers must meet the eligibility criteria set out under the Medicare Benefits Schedule and practise privately at the GP Super Clinic.

GP Super Clinics and Pharmacy

For patients attending a GP Super Clinic, convenient access to pharmacy services is an important consideration.

Engagement with existing community pharmacies in each GP Super Clinic locality should be addressed in the application.

In some instances, in accordance with relocation rules under the 5th Community Pharmacy Agreement, an option may be for a community pharmacy to relocate adjacent to or within the GP Super Clinic. In other instances pharmacy services may be provided by one or more existing community pharmacies, in a manner which maintains patient choice, but ideally sees convenient and extended hours arrangements for dispensing being supported.

While a range of other pharmacy services, such as medication review, are currently only funded and provided through community pharmacies, professional pharmacist² services could also potentially be provided within a GP Super Clinic by pharmacists not connected to a specific community pharmacy.

Where a relocation incentive for pharmacy/pharmacist services is considered as part of the available GP Super Clinic funding, the following conditions will apply:

- The maximum amount applicable for pharmacy services per GP Super Clinic is \$7,500;
- Where a pharmacy is relocating to/or adjacent to a GP Super Clinic and the funding recipient has provided under the funding agreement for a separate amount for relocation incentives, that amount is payable to that pharmacy (via the GP Super Clinic funding recipient);
- Where there is no relocation of a pharmacy involved; the funding recipient may consider relocation incentives (to a maximum of \$7,500) for supporting:
 - Consortia arrangements for the provision of extended hours access, between existing community pharmacies; and/or
 - Delivery of other professional pharmacy services within the GP Super Clinic (through either an arrangement with a community pharmacy) or an alternative appropriately qualified pharmacist, where this service provision meets the general criteria for professional services.

How much money is available for relocating?

There is no cap on the value of relocation incentives that can be allocated within the total amount of funding available for each location. However, the total amount of funding potentially available for each GP Super Clinic will not increase. For example, if the amount identified for a Clinic is “up to \$5 million”, then the amount proposed in the operational budget for relocation incentives must be included in calculating the total budget for that Clinic.

The maximum amount of funding available on a per capita basis for relocation incentives is:

- \$7,500 for allied health professionals; and
- \$6,000 for nurses, mental health workers, and Aboriginal and Torres Strait Islander health workers.

The sum of \$7,500 is available for relocated pharmacy/pharmacist services at the GP Super Clinic site and is capped at that sum for each site.

² A pharmacist is a person registered under the relevant legislation in a jurisdiction to practise as a pharmacist.

As part of the application form, applicants will be able provide an estimate of the amount of relocation incentive payments that may be allocated within the available funding. This is likely to include an estimation of the number of health practitioners to receive the relocation incentive payments. The amount of funds set aside for Relocation Incentive payments can only be used for that purpose and is the maximum amount provided for that purpose.

Applicants may wish to consider whether health practitioners joining the GP Super Clinic may also be eligible to apply for funding from other Commonwealth relocation incentive programs.

5.6 Conditions of Funding

Commonwealth funding will be provided through a funding agreement. This agreement will set out the terms and conditions of the funding in detail. Applicants should ensure they are familiar with, and seek legal advice on, the terms and conditions of the proposed funding agreement. A sample funding agreement will be released in conjunction with the ITA information. The Commonwealth intends that some of the key conditions for funding likely to be included in Commonwealth Funding Agreements are:

- All Commonwealth monies payable under the Funding Agreement cease on **the 4th anniversary** of the date of the agreement;
- As the Commonwealth funding is primarily for capital works, it is likely that the payments will be staged against agreed milestones. Sample milestones are set out below and may vary depending on the particular circumstances;
- Capital grants will not be made in respect of capital works that have been contracted, commenced or completed prior to the execution of any funding agreement;
- Commonwealth capital funding includes payments for building activities required to design and construct/refurbish the GP Super Clinic, direct building costs associated with building new or upgrading existing premises (for example building, plumbing, electrical etc), purchase of an existing property, essential clinical equipment and information management and technology systems, and the purchase of land;
- Commonwealth funding agreements require the funding recipient to use the GP Super Clinic consistently with the Program Objectives for a 20 year period;
- Clinics will be expected to participate in the national evaluation program and report at regular intervals on operational activities (see Performance and Reporting Activities at page 20);
- Funding recipients may be required to provide securities in relation to their performance of the funding agreement, including in some instances bank guarantees or performance bonds; and
- Funding recipients will assume responsibility for the proper and professional completion of all building or refurbishment works required to establish the GP Super Clinic and to meet State or Commonwealth legislative requirements.

The list above is indicative only and is not intended to be exhaustive.

EXAMPLE MILESTONE PAYMENT SCHEDULE (The specific details of the Milestone Schedule will be finalised during preparation of the funding agreement):

Milestone	Payment Amount	Payment timing
Execution of the funding agreement.	Payment of 10%* of the total funding.	Within 30 days [#] of date of execution of the funding agreement by the Commonwealth.
Construction tender: – including a construction project plan and budget, copy of Development Approval, notification of tender for works (including any variations from the preliminary: proposal, project plan and budget).	Payment of 5%* of the total funding	Within 30 days [#] of acceptance of the requisite deliverable.
Approval to commence construction: – including Building Permit or Certificate to Commence Construction; executed building contract, construction program, certificates of currency for professional indemnity insurance and verification of compliance with Building and Construction Industry Improvement Act requirements.	Payment of 40%* of the total funding.	Within 30 days [#] of acceptance of the requisite deliverables.
Midpoint of construction.	Payment of 30%* of the total funding.	Within 30 days [#] of acceptance of the requisite deliverable.
Start up and operational arrangements: – including an Operational Plan, workforce recruitment strategy, and communication strategy.	Payment of 5%* of the total funding	Within 30 days [#] of acceptance of the requisite deliverable.
Certification of Practical Completion: - including receipt by the Commonwealth of a Certificate of Occupancy.	Payment of 10%* of the total funding.	Within 30 days [#] of acceptance of the requisite deliverable.

* or as negotiated with the preferred applicant.

[#] the period of time for scheduled payments may vary according to the status of the organisation (e.g. whether or not it is classified as a small business) and whether a request for urgent payment has been made.

5.7 Performance and reporting activities

During the construction phase, performance will be monitored against the following Key Performance Indicators:

- Achieve the capital works project in line with the Project Plan, Project Budget and Project Documents approved by the Commonwealth; and
- Achieve the requirements of the funding agreement.

The performance of GP Super Clinics during the operational phase will be monitored against the ten Program Objectives set out at page 6:

Reporting Requirements:

All funding recipients will be expected to submit the following reports in respect of each GP Super Clinic:

During the construction period:

- Against the Deliverables in the Deliverables and Milestone Schedule to the Funding Agreement;
- Other reports as specified in the Funding Agreement for financial acquittal purposes such as the report of completion of Works, bank account statements, audited reports.

Once operational:

- Quarterly in the first twelve months, and as requested by the Commonwealth from time to time, information on service activities such as :
 - The number of general practitioners, nurses, allied health professionals, specialists and/or students on clinical placements;
 - The services delivered to meet local health needs including GP attendance services, preventative health care activities and chronic disease management services; and
 - The extended hours of service.
- Annual report against the Program Objectives and Key Performance Indicators;
- Other reports as specified in the Funding Agreement for financial acquittal purposes such as the report of completion of Works, bank account statements, audited reports.

6 Important Notice to Applicants

6.1 Securing the Commonwealth's interests

The GP Super Clinics Program is required by legislation to ensure that expenditure of Commonwealth funds is efficient, effective and ethical and is consistent with the policies of the Commonwealth. Amongst other things this means the government must have confidence that funds will be appropriately applied, taxpayers receive value for money, and in the event of breach of the Funding Agreement by a funding recipient, that the Commonwealth is in a position to ensure the continued use of the property as a GP Super Clinic, or recover the funds.

The GP Super Clinics Program will implement a range of measures to secure and protect the Commonwealth's investment, primarily through its funding agreements with recipients. These measures will differ from project to project and will depend on factors such as the amount of funding being provided and the risk to the Commonwealth (for example risks may be greater where funding is being sought by an entity with little experience in managing government funding). Measures are likely to become more robust as the amount of funding and potential risk to the Commonwealth increases.

The types of measures the Program may use could include:

- Making smaller regular payments as opposed to large upfront payments;
- Requiring the appointment of an independent project manager whose role includes certification of payments to builders before such amounts are paid;
- Requiring a bank or other similar guarantee covering funds held by a funding recipient, securing the Commonwealth's right to recover funds in the event of a breach of the Funding Agreement;
- Requiring a parent company, director, or other form of guarantee securing performance and/or repayment;
- Requiring securities, which could be over the relevant property (for example, a charge or mortgage on land on which the capital works are being undertaken).

6.2 Taxation

Applicants are advised to carefully consider the likely taxation treatment of any funding provided by the Commonwealth as part of this Program. As a general principle, grants such as that proposed to be provided to successful applicants under this Program will be assessable as income in the hands of a recipient where they are received in relation to the carrying on of a business.

This may mean that unless you (or the entity that you propose to use to receive funding) have tax exempt status (such as a not for profit organisation) or are not currently carrying on a business, tax may be payable on the full amount of funding provided. For some general guidance on the taxation treatment of grants and funding from the Commonwealth, applicants may wish to refer to the Australian Tax Office website at www.ato.gov.au. However, you are advised to seek your own independent advice on this issue and should seek independent advice from a taxation professional on how funding paid to you (or to any entity you propose to establish to receive funding) under the program would be treated for tax purposes.

6.3 Goods and Services Tax (GST)

Funding amounts payable by the Commonwealth are exclusive of GST. Applicants are advised to consider the likely implications of the *A New Tax System (Goods and Services Tax) Act 1999* (GST Act) on the funding provided by the Commonwealth.

Where GST is payable, the Commonwealth will increase the funds payable to the funding recipient by the amount of GST that is payable for the purposes of the GST Act. For example, if the payment due at a particular milestone is \$250,000 and GST is payable on that amount, then the Commonwealth will increase the payment provided to the funding recipient to \$275,000.

6.4 National Code of Practice for the Construction Industry

Funding under the GP Super Clinics Program is primarily for capital works projects and therefore, the Department of Health and Ageing is required to ensure that the requirements of the Implementation Guidelines for the National Code of Practice for the Construction Industry August 2009 (Guidelines) are met.

The National Code of Practice for the Construction Industry (Code) and Guidelines apply to construction projects to which the Australian Government has indirectly provided funding, such as through the GP Super Clinics Program, where:

- The Australian Government's funding contribution is at least \$5 million and represents at least 50% of the total construction value; or
- The Australian Government's contribution to the project is \$10 million or more, irrespective of the proportion of Australian Government funding.

Construction works covered by the Code and Guidelines include:

- Building refurbishment or fit out, installation of building security systems, fire protection systems, air-conditioning systems, computer and communication cabling, and building and construction of landscapes; and
- All organised activities concerned with demolition, building, landscaping, maintenance and civil engineering.

Specific requirements will be set out the standard GP Super Clinics funding agreement. They will include requirements that:

- Only companies and contractors (including head contractors, project managers and service consultants (e.g. engineers) who are compliant with the Code and Guidelines can tender to undertake building and construction activities; and
- Model tender and contract clauses should be used by funded organisations when preparing Expressions of Interest, Tenders and Contracts.

Further information on the National Code of Practice for the Construction Industry, August 2009 is available:

- From the National Code Hotline 1300 731 293; or
- The National Code Mailbox building@deewr.gov.au .

The Code and Guidelines documents are available from www.deewr.gov.au/building

6.5 Information Management and Information Technology (IM/IT)

The introduction of a Personally Controlled Electronic Health Record (PCEHR) is an important element of the Government's broader reforms to improve the Australian health system. As such the Commonwealth requires each GP Super Clinic to make an appropriate investment to ensure IM/IT arrangements are secure and properly address community expectations on privacy and security. This includes the use systems and infrastructure that comply with standards of security and are subject to an independent Privacy Impact Assessment. Applicants can obtain more information at the website addresses provided in this section.

Applicants should note the purposes for which GP Super Clinic funding can be applied (see page 14), and that the funding agreement will include the following requirements:

- Noting that Privacy Impact Assessments (PIAs) represent best practice for the evaluation of arrangements for transmitting patient data, GP Super Clinics will ensure that a PIA is conducted by independent external assessors in accordance with the Office of Privacy Commissioner's Privacy Impact assessment Guide Office of Privacy Commissioner, <http://www.privacy.gov.au/>, Privacy Impact Assessment Guide Revised May 2010;
- Following implementation of the IM/IT systems, a system security assessment must be undertaken using independent external assessors to assess the implementation of controls to mitigate the risk identified within a security Threat and Risk Assessment (TRA), the report from which should be reviewed by an Infosec assessor licensed under the Infosec-Registered Assessor Program (I-RAP), details of which are available at <http://www.irap.securelink.com.au/index.php>;
- Authentication arrangements implemented in each GP Super Clinic should be guided by the National e-Authentication Framework (NeAF) <http://www.finance.gov.au/e-government/security-and-authentication/authentication-framework.html>;
- GP Super Clinics will undertake to implement systems that adhere to the National E-Health Transition Authority (NEHTA) specifications and Standards Australia Health Informatics Standards, within 24 months of publication;
- GP Super Clinics will meet all relevant State, Territory and Commonwealth Government requirements for collecting and reporting information, example e.g. for data fields and connectivity; and
- The Commonwealth intends to introduce a Personally Controlled Electronic Health Record (PCEHR) for all Australians who wish to have one. If a Commonwealth approved PCEHR becomes operational, each GP Super Clinic must, within 24 months of the PCEHR becoming operational, use the PCEHR for consumers who have given consent to do so.

7 The Application Process

7.1 Invitation to Apply (ITA)

The ITA document package will include:

- a Statement of Requirements;
- an application form in Word format;
- this GP Super Clinics National Program Guide; and
- a sample funding agreement.

In order to respond to an ITA for a specific location, applicants should retrieve the application document package for that location from the Department's website at www.health.gov.au under the Tenders and Grants link. The ITA document package for each location will only be available for downloading for the period of time between opening and closing the application period for that location. A sample application form is provided at page 28 of this Guide for information only. The actual application forms for individual ITAs may vary from this sample.

Applications will be open for six (6) weeks from the date of advertisement on the Department's website at the Tenders and Grants page, or in the case of direct ITA funding processes, from the date of issue by the Department.

Applications received in response to each ITA will be checked by the Department for compliance with the mandatory requirements set out below, the requirements of the ITA and the application form. Only compliant applications will be assessed.

7.2 Mandatory requirements

Please note these important points:

- Each application must respond to all of the requirements of the ITA for the specific location for which funding is being sought and detail how the proposed GP Super Clinic will address local health needs and priorities and complement existing health services.
- Applicants who wish to apply for funding in *more than one location* must complete a separate application for each location:
 - Generic applications for more than one location will not be accepted.
 - All applications must respond to the requirements of the ITA for the specific location and detail how the proposed clinic will meet local health needs and priorities and complement existing health services in that location.
- All applications will be checked for compliance with the mandatory requirements. Any application that does not comply with any or all of the mandatory requirements will not be further assessed for funding. It is the responsibility of each applicant to check that the mandatory requirements have been met.

7.3 What should an application include?

The GP Super Clinics Program centres on the delivery of integrated, multidisciplinary primary health care services that respond to local health needs and priorities and complement existing health services. The Program also has a strong emphasis on the support to be provided to the future primary care workforce. Applications should focus on describing how multidisciplinary, team-based approaches to care will be implemented and supported, how the services to be provided in the GP Super Clinic will respond to local health needs and priorities, on the clinical training and education activities and facilities to be provided and how the proposed design of the GP Super Clinic will support these activities.

For example, the application should demonstrate the link between the characteristics of the local community, the health needs and priorities of the local community, the proposed mix of health care services and proposed business and service delivery model. In addition, each GP Super Clinic is intended to be a supported addition to the local community. Consequently, applicants will be requested to provide evidence of support for the GP Super Clinic from a variety of organisations within the local community and describe the processes followed in gaining that support. Demonstrations of support could include formal written support, which should be attached to the application.

Applications for the larger GP Super Clinics grants (i.e. up to \$15 million) must include information on the specialised services to be delivered in the facility. For example, how services such as renal dialysis, palliative care, chemotherapy, hospital-in-the-home support and/or Home and Community Care services will:

- Align with relevant State/Territory ambulatory care plans e.g. cancer plans;
- Collaborate with similar services in the area; and
- Form part of agreed referral pathways to and from local and regional facilities providing associated services.

GP Super Clinics must complement and enhance existing health services. The application will need to consider the impact of the GP Super Clinic on services already provided in the area. This would include outlining service providers already existing in the local area, including providers of after-hours services, hospital based services, State funded community health services and, insofar as is possible, detailing the extent to which the proposed GP Super Clinic could have an impact on these existing services.

Ambulatory care services may, where relevant, include cross-border models of service delivery, which should be identified in the application.

The application will need to include responses to demonstrate how the proposed clinic will meet the GP Super Clinic Program Objectives. The application process is designed to allow for flexibility in proposals, and recognises that there is no 'one size fits all' model for how those requirements will be met in each location. See sample application form at the back of this Guide.

7.4 The Assessment Process

Upon closure of the application period (six weeks after the date of advertisement of the ITA), the Department will carry out a compliance check against each application for completeness and to ensure that the mandatory requirements set out in this Guide have been met (see Mandatory Requirements at page 24).

It is intended that applications for GP Super Clinic funding will be assessed by Departmental Application Assessment Panels established for that purpose. Panels may include a government medical officer or other internal or independent health professionals in some localities and may include state or territory government representation.

Application Assessment Panels may be supported by:

- An internal and/or independent probity adviser;
- An Independent Financial Advisor (to advise on the sustainability and financial viability of proposed GP Super Clinic models); and may seek support from
- An Independent Construction Advisor (to advise on the design, costing issues and timeliness aspects of the proposed capital works project).

Applications will be considered and assessed in accordance with the selection criteria set out at page 12 in this Guide and contained in the ITA documentation.

The Application Assessment Panels will develop a relative merit list from the applications received in response to the ITA for each location and provide a recommendation to the First Assistant Secretary, Primary and Ambulatory Care Division in the Department.

Applicants should note that, where the assessment process does not identify a preferred applicant, the Department reserves the right to broker an arrangement between funding applicants and/or other interested parties.

7.5 Application Timeframes

The dates on which the ITA for each location will open and close will vary. Each ITA for each location will set out the timeframe for the opening and closing period during which applications will be received at the Department's Tender Box. Applicants are responsible for carefully checking the ITA document package for each location to ensure that they are fully familiar with all relevant timeframes.

Advertisements will appear in national and state or territory newspapers and the Department's website at www.health.gov.au under the Tenders and Grants link. Further information on ITA arrangements is at page 4.

7.6 Feedback

Notification of the outcome of an assessment process will generally be provided in two steps:

1. Applicants will be notified whether they are a preferred applicant, or not, at the conclusion of the assessment process; and
2. Applicants will be advised that their application was unsuccessful once the Department has successfully concluded negotiations with a preferred applicant.

Unsuccessful applicants will be able to obtain feedback on their application from the Department once the funding agreement for the specific location has been finalised with the successful applicant.

7.7 Funding Complaints Procedures

In order to ensure administrative transparency the Department has a fair, equitable and non-discriminatory complaints handling procedure which is published at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/pfps-complaintsproceduresTenders and Grants Complaints Procedures](http://www.health.gov.au/internet/main/publishing.nsf/Content/pfps-complaintsproceduresTenders%20and%20Grants%20Complaints%20Procedures)

This document provides guidance to participants in a funding process as to the procedure for lodging a complaint about the process.

Process for lodgement

Should an organisation or individual wish to lodge a dispute or complaint about the GP Super Clinic funding process they should do so by advising in writing the Departmental Contact Officer for that process. The complainant should provide details of the basis upon which the dispute or complaint is being lodged, including:

- A clear statement as to what the complainant considers was defective in the tendering/funding process;
- Copies of, or references to, evidence of information to support the complaint; and
- A statement as to what the complainant wishes to achieve from the complaint process.

The Contact Officer or his/her manager will acknowledge receipt of the complaint in writing within 10 working days of receiving the complaint. If further correspondence or information is required, the complainant will be given no less than 15 working days to respond to any communication from the Department unless the matter is urgent.

The Departmental Contact Officer and his or her manager will attempt to resolve the matter. The Department will advise the complainant of the decision in writing within a reasonable timeframe, which will usually be within 15 working days of receiving all written correspondence relating to a complaint.

If the complainant is not satisfied with the Department's response then the complainant may seek an independent internal Department review of the complaint.

The internal review officer will promptly notify the complainant in writing to advise of their appointment and the expected time frame for making the internal review decision. The notice will also include any request for further information that may be required to conduct the review. The complainant will be given no less than 15 working days to provide any further information unless the matter is urgent.

The internal review officer will notify the complainant in writing of the decision within the timeframe specified in the original notice. Where the complainant is not satisfied with the Department's response, they may lodge a complaint with the Commonwealth Ombudsman.

8 Application Form

8.1 Information for applicants

The information in this Guide, including in the sample application form, is provided for guidance only. Any mandatory or discretionary requirements for individual GP Super Clinics will be specified in the ITA for the relevant location.

Applicants should note both that applications are made subject to the Conditions of Application detailed in the ITA and the mandatory requirements at page 24 of this Guide.

Applicants are advised to carefully consider:

- The likely taxation treatment of any funding provided by the Commonwealth as part of this Program;
- The security expectations (see the Notice to Applicants at page 6 of this Guide); and
- Any potential costs and charges associated with purchasing land or an existing property and, if appropriate, commercial borrowings.

8.2 Completion and lodgement

All applications must:

- Be signed on the verification page;
- Be lodged at the Department's Tender Box by hand including by courier to meet the closing time deadline of 2pm on the date specified in the ITA for the relevant location;
- Provide details and responses at all required points in the application form;
- Include attachments as specified in the application form;
- Include letters of support, where appropriate;
- Make reference to the specifications in the Statement of Requirements the ITA.

THIS IS THE END OF THE GP SUPER CLINICS NATIONAL PROGRAM GUIDE 2010.
THE FOLLOWING SECTION IS A SAMPLE APPLICATION FORM



GP Super Clinics Program Invitation to Apply

Sample Application Form

GP Super Clinic at XXXX

Closing Date:

- One original, and four copies of the application, and one electronic version as a Word document (on a USB storage device, or a CD-rom) must be lodged by hand, including by courier, to meet the Closing Date.
- The application should be addressed as follows:

**ITA ##/1011
Tender Box
Department of Health and Ageing
Ground Floor, Sirius Building
23 Furzer Street
WODEN ACT 2606**

Faxed and emailed applications will not be accepted.

Information for applicants

Before completing this Application Form, it is recommended that applicants read the GP Super Clinics *National Program Guide 2010* and the Invitation to Apply (ITA) for the relevant location for which funding is being sought.

The application must:

- Be signed on the verification page;
- Be lodged at the Department's Tender Box by hand, including by courier, to meet the closing time deadline of 2pm AEDST (local Canberra time) on the date specified in the ITA for the relevant location;
- Provide details and responses at all required points in the Application Form;
- Include attachments as specified in the Application Form;
- Include letters of support, where appropriate; and
- Make reference to the specifications in the ITA Statement of Requirements.

Notice to Applicants:

1. Applicants who wish to apply for funding in *more than one location* must complete a separate application for each location:
 - Generic applications for more than one location will not be accepted.
2. All applications must respond to the requirements of the ITA for the specific location and detail how the proposed clinic will meet local health needs and priorities and complement existing health services in that location.
3. All applications will be checked for compliance with the mandatory requirements. Any application that does not comply with any or all of the mandatory requirements will not be further assessed for funding.
4. It is the responsibility of each applicant to check that the mandatory requirements have been met.
5. The information in this document, including in this application form, is provided as guidance only. Any mandatory or discretionary requirements for individual GP Super Clinics will be specified in the ITA for that location.
6. Applicants should note that applications are made subject to the Conditions of Application as detailed in the ITA document package for each location.
7. Applicants are advised to carefully consider the information in the Important Notice to Applicants on p 20 of *the GP Super Clinics National Program Guide*.
8. Applicants are advised to carefully consider the terms and conditions of the sample GP Super Clinics Funding Agreement included in the ITA document package for each location, including the insurance requirements.
9. Applicants are advised to consider seeking legal advice on the sample funding agreement provided in the ITA document package.
10. Please include a statement with the application to indicate whether any elements of the application would be regarded as confidential and provide an explanation.
11. Please attach a statement declaring any conflict of interest, or potential conflict of interest that would exist if the applicant organisation received funding under the GP Super Clinics Program.
12. Applications can be made by a single organisation or a group of organisations (a partnership, joint venture or consortium). There is no requirement to establish a new legal entity to apply for GP Super Clinic funding. However, for the purpose of receiving

and acquitting funding, where more than one organisation is involved, a “Lead” organisation must be nominated as the funding recipient. This does not prevent other organisations from being involved in establishing and operating the GP Super Clinic.

Selection Criteria

There are three (3) selection criteria for the GP Super Clinic funding. These criteria are outlined below:

Criterion 1

The potential for the proposed GP Super Clinic to meet each of the Program Objectives as summarised below and further articulated at 3.2 of the GP Super Clinics National Program Guide 2010:

1. Provide its patients with well integrated multidisciplinary patient centred care;
2. Be responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islander peoples and older Australians in Residential Aged Care Facilities and community based settings;
3. Provide accessible, culturally appropriate and affordable care to its patients;
4. Provide support for preventive care;
5. Demonstrate efficient and effective use of Information Management and Information Technology (IM/IT);
6. Provide a working environment and conditions which attracts and retains its workforce;
7. Is a centre of high quality best practice care;
8. Post establishment, operates with a viable, sustainable and efficient business model. [n.b. In assessing this, the Application Assessment Panel will consider a report on the application from the Independent Financial Advisor to the GP Super Clinics Program.];
9. Support the future primary care workforce; and
10. Integrate with local programs and initiatives.

AND

Criterion 2

The extent to which the proposed capital works project will deliver a GP Super Clinic which supports the delivery of integrated, multidisciplinary primary care services and supports the clinical training and education of the future primary care workforce.

In considering selection criterion 2, the Application Assessment Panel may have regard to the following:

- Proposed construction timelines and the capacity of the applicant to ensure those timelines are met;
- The extent to which the floor-plan supports the proposed multidisciplinary workforce and service mix, including supporting integration of state or territory funded and privately provided services; and
- A report on the capital works project from the Independent Construction Advisor to the GP Super Clinics Program.

AND

Criterion 3

The efficient and effective use of the funds.

Applicants should note that, in considering the extent to which the application meets selection criterion 3, the Application Assessment Panel will have regard to the following:

- The relative merit of each application;
- The geographic location of the proposed GP Super Clinic;
- The existence or otherwise of other Commonwealth or State/Territory Government funding sources available to the applicant for a capital works project;
- The extent to which the evidence in the application demonstrates that the proposed GP Super Clinic will be located in an area with one or more of the following features:
 - Poor access to health services;
 - Poor health infrastructure and or coordination;
 - Where a GP Super Clinic could help take pressure off the emergency department of a local hospital;
 - High levels of chronic disease and/or populations with high health needs, such as large numbers of children or the elderly; or
 - High population growth or anticipated high population growth.

(Applications which demonstrate two of these features will score more highly than applications which demonstrate one of these features, and so on).

VERIFICATION SHEET

VERIFICATION

I verify that I have checked this application and that, to the best of my knowledge, all relevant details are correct at the time of lodgement.

..... / /20
(Signature of the principal officer submitting this application)

Name:

Position:

(and, if applicable)

I verify that I have obtained the agreement of the partners and/or co-applicants to this application and have the authority to submit this application on their behalf.

..... / /20
(Signature of the principal officer submitting this application)

Name:

Position:

APPLICANT DETAILS

Name of applicant:

Registered name (if applicable):

Trading name (if applicable):

ABN:

Organisation structure (e.g. individual/sole trader, partnership, not-for-profit entity, company limited by guarantee):

Applicant street address:

Applicant mailing address (if the same as street address, please indicate 'As above'):

Contact person for this application:

Name:			
Position:			
Tel: ()	Mob:	Fax: ()	
Email address:			

Project Manager (person with overall project responsibility) (if the same as the contact person for this application, please indicate 'As above'):

Name:		
Position:		
Tel: ()	Mob:	Fax: ()
Email address:		

Other persons/organisations involved in this application (if applicable):

[Note: There is no requirement to form a new legal entity for organisations to jointly apply for funding. Organisations may be, for example, affiliates, partners or consortia.]

Person/Organisation name	Person/Organisation address	Person/Organisation ABN

Compliance:

Please review carefully the terms and conditions in the sample funding agreement applicable to the funding stream being sought and confirm by marking with an "X" whether or not your organisation is compliant and/or can comply with those requirements.

Yes No

Conflict of Interest:

Do you/your organisation have a conflict of interest or potential conflict of interest that would exist if you/your organisation received funding under this initiative?

Yes. If a conflict of interest or potential conflict of interest exists, please attach a statement declaring the conflict.

No

Confidentiality:

Are any elements of the application confidential?

Yes. Provide an explanation and indicate the parts of the application are confidential.

No

Summary of Application

Taking into account the information provided in the GP Super Clinics National Program Guide 2010, provide a summary of the application, including as a minimum:

- *The address/es of the site(s) at which the GP Super Clinic will be built, refurbished, and/or extended;*
- *The business arrangements that will underpin the construction and operational phases of the GP Super Clinic;*
- *The proposed construction/refurbishment activities (e.g. construct a new single storey facility and adjoining car parking; add two storeys to an existing facility for additional services and new clinical training facilities; refurbish and/or extend an existing facility to accommodate additional workforce and services);*
- *The estimated cost and likely timeframe for completion of the capital works project;*
- *The clinical training facilities to be provided ;*
- *The health professionals and/or students who will deliver services and/or receive training within the facility; and*
- *The services to be delivered and an indication of the range of clinical professions (and approximate numbers).*

Insert the response to this summary by typing directly into the application form below this point. Please keep the response to the minimum necessary to summarise the application.

Sample only

SELECTION CRITERION 1

Objective 1: GP Super Clinics will provide their patients with well integrated multidisciplinary patient centred care

The response to this Objective should address, but need not be restricted to, the matters set out below:

Describe the vision, values and motives of the applicant organisation and any partner organisations in establishing a facility that delivers integrated multidisciplinary primary (and where appropriate, ambulatory) health care.

Describe the range of health professionals who will deliver services within the facility and how this workforce will be involved in the implementation of integrated, multidisciplinary, team based approaches to care. The workforce profile should reflect the service mix proposed under Objective 2 and include administrative and support staff.

Describe the recruitment strategies to be implemented to obtain the identified workforce including:

- *Relocation activities;*
- *Local, national and/or international recruitment activity including timeframes for recruitment and any contingent approvals or circumstances that will need to be in place e.g. District of Workforce Shortage status, or professional registration for Overseas Trained Doctors.*

Describe the mechanisms that will support the clinical workforce in improving the health of people attending the clinic such as referral pathways and shared care protocols and any tools or processes that will underpin these arrangements. For case conferencing arrangements, explain how the participation of GPs and privately practising allied health professionals will be managed to ensure equity.

A description of a typical patient journey using scenarios or case studies for nominated diseases or a flow chart may be included to support understanding of the proposed arrangements.

Describe the proposed clinical governance arrangements that will support integrated, multidisciplinary, team based approaches to the delivery of health care. The description should include membership, roles and responsibilities anticipated level of contribution to clinical governance. For GP Super Clinics where it is proposed that state or territory funded services will be delivered, explain how the levels of contribution to clinical governance from both privately practising and salaried clinical staff will be managed to ensure equity.

Provide a flow chart or diagram that outlines the clinical governance arrangements and describe the proposed relationship between different elements such as terms of reference

Describe how the GP Super Clinic will engage with the community including arrangements for representation on clinical governance committees.

Insert the response to Objective 1 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 2: GP Super Clinics will be responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islander peoples and older Australians in Residential Aged Care Facilities and community based settings

The response to this Objective should address, but need not be restricted to, the matters set out below:

Describe the anticipated range of services that the GP Super Clinic will provide, the workforce which will provide those services and the service delivery arrangements including the frequency of proposed activities and, where appropriate, the anticipated target group. Where these services are to be offered by other organisations, indicate the arrangements under which the service will be made available (e.g. anticipated frequency of scheduling for particular clinics, source of workforce). Include any proposed escalation of services during the start-up phase of the facility or whether the commencement of a service is conditional upon the resolution of other factors (e.g. approval of a state or territory government).

If your organisation is currently operating a primary care facility, describe the range of services currently being offered and how these will be expanded / enhanced / complemented by the organisation's transition to becoming a GP Super Clinic.

Applications for the larger GP Super Clinics grants (i.e. up to \$15 million) must include information on the specialised services to be delivered in the facility. Applicants proposing to offer ambulatory care services should describe how services such as renal dialysis, palliative care, chemotherapy, hospital-in-the-home support and home and community care services will:

- *align with relevant State/Territory ambulatory care plans e.g. cancer plans;*
- *collaborate with similar services in the area; and*
- *form part of agreed referral pathways to and from local and regional facilities providing associated services.*

Describe the health needs and priorities of the local community and how the proposed service mix responds to those needs and priorities. Include information on how the proposed services have taken into account any primary care service planning frameworks for that locality (e.g. Municipal Health Plans). The description should:

- *Take into account existing population health data (applicants may wish to consider using the data available from the Population Health Information Development Unit at www.publichealth.gov.au which contains the recently updated Social Health Atlas 2010;*
- *Address identified service gaps;*
- *Consider how existing services will be complemented or enhanced – e.g. after hours and hospital based services;*
- *Address separately the health needs and priorities of the Aboriginal and Torres Strait Islanders living in the community; and*
- *Consider services to address the needs of older Australians in Residential Aged Care Facilities or community based care settings.*

Describe the organisational (or corporate) governance arrangements for managing risks and legal and financial accountabilities, human resource management, strategic and policy planning, community engagement arrangements etc. This could include a description of the functions of different committees (e.g. the Board, the Community Advisory Group), membership (including anticipated skills), the relationship with other groups in the clinic and stakeholder participation. A flow chart or diagram may be included.

Describe how the facility will engage with the local community. This could include measures for ongoing community outreach, publications, opportunities for representative participation and consultations.

Insert the response to Objective 2 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 3: GP Super Clinics will provide accessible, culturally appropriate and affordable care to their patients

The response to this Objective should address, but need not be restricted to, the matters set out below:

Accessibility:

Describe the location of the proposed GP Super Clinic and the means by which people will travel to the facility. Include any proposed arrangements to improve accessibility (e.g. regular bus from interchange, free parking, outreach to schools, use of existing mobile programs such as Street Doctor). Set out the benefits of this site in comparison to other sites you have considered. Where the proposal is to establish a hub and spoke model (see page 9 of the National Program Guide 2010), describe the physical relationship (distance, transport availability) between the sites and indicate what arrangements will be implemented to support movement by patients and staff between the sites, where this is anticipated.

Describe the proposed hours of operation for the facility, including how extended hours of service will be delivered.

Affordability:

Describe the billing policies that will be implemented at the GP Super Clinic. The description should address:

- *Bulk billing arrangements for general practice and allied health services;*
- *Fee for service arrangements, including any anticipated gap payment requirements;*
- *Any arrangements for specific groups of patients (e.g. Chronic Disease Management services or preventative health care activities);*
- *Arrangements proposed for other service providers in the facility to improve access to services; and*
- *How the billing arrangements will be communicated to clients.*

Cultural appropriateness:

Each GP Super Clinic will operate in a local community with different population characteristics. Describe the community in which this facility will operate. Note that this demographic information is available from the community atlas on-line at the local government website for the relevant location.

Describe how the proposed service arrangements for the GP Super Clinic respond to the particular characteristics of this community in a way that improves access to health services in a culturally appropriate setting. This could include a description of staff orientation arrangements and proactive recruitment strategies such as recruiting gender appropriate health professionals, cultural safety training, liaison activities with local cultural groups, particular service arrangements (e.g. access to interpreters, involvement of local Elders in

certain clinics, sexual health, drug and alcohol cessation, domestic violence awareness, men's health, carer support programs etc) and/or how the physical environment of the GP Super Clinic will take into consideration the particular needs of any sub-population in the community.

Insert the response to Objective 3 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 4: GP Super Clinics will provide support for preventive care

The response to this Objective should address, but need not be restricted to, the matters set out below:

Describe the range of preventative care services and programs that will be offered, or supported, by the GP Super Clinic, at both primary (health promotion and illness prevention) and secondary (early detection and intervention) levels. This could include collaborative service relationships with other health providers (e.g. pharmacy) or key stakeholders (Heart Foundation).

Describe the target groups for each program – whether an entire population (e.g. school groups), selective groups (e.g. those in which illicit drug dependence is an issue) and/or where a need is indicated (e.g. screening for patients exhibiting early signs of risk behaviours).

Identify any arrangements with local providers of preventative care services (e.g. local government, community health centres) and identify opportunities for integration / coordination of services between facilities.

Insert the response to Objective 4 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 5: GP Super Clinics will demonstrate efficient and effective use of Information Management and Information Technology (IM/IT)

The response to this Objective should address, but need not be restricted to, the matters set out below:

Provide a plan which describes the arrangements for the supply and support of IM/IT within the GP Super Clinic, that will support an integrated, multi-disciplinary, team based approach to the delivery of primary (and, if appropriate, ambulatory) care. The plan should take into account the need for electronic communication within the GP Super Clinic (including across sites in a hub and spoke model), state or territory funded services, local hospitals and other providers such as Residential Aged Care Facilities; shared telephony; the Personally Controlled Electronic Health Record; and opportunities for improving access such as on-line appointment booking systems.

The plan should indicate likely clinical management software arrangements, clinical audit tools, on-line services and decision support tools as well as arrangements that are specific to clinical training and education.

Consider attaching a diagram indicating communication linkages, server connectivity, Virtual Private Network arrangements etc.

Applicants should note the requirements set out in the National Program Guide at page 22 regarding protecting consumer privacy and demonstrate that the estimated costs of the privacy and security assessments required by the Commonwealth have been considered within the cash flow projections provided in response to Objective 8.

Insert the response to Objective 5 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 6: GP Super Clinics will provide a working environment and conditions which attract and retain their workforce

The response to this Objective should address, but need not be restricted to, the matters set out below:

Describe the physical and operational arrangements that may be considered professionally satisfying for the proposed clinical and administrative workforce in the GP Super Clinic and may be used to encourage people to remain working in the GP Super Clinic. This could include, but need not be restricted to:

- o Flexible employment arrangements;
- o Defined career pathways within the clinic that recognise the changing nature of clinical practice;
- o Incentives such as the subsidisation of some arrangements for clinicians (e.g. allied health professionals) to offset the cost of participating in GP Super Clinic activities;
- o Identifying particular roles which could be stretched and extended (and the means by which this would be achieved);
- o Structured orientation programs;
- o Learning opportunities both within the clinic and through other partnerships including support for CPD;
- o Teaching/ mentoring / leadership roles;
- o Physical arrangements such as change rooms, staff rooms, library etc;
- o Opportunities for conjoint appoints to partner universities;
- o Corporate support for routine administrative and practice management activities; and/or
- o The potential for participation in primary care research activities.;

This description may be incorporated in the Workforce Plan submitted and provided as an attachment under Objective 1. If so, please cross reference the Workforce Plan at this point.

Insert the response to Objective 6 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 7: GP Super Clinics will be centres of high quality best practice care

The response to this Objective should address, but need not be restricted to, the matters set out below:

Apart from the clinical governance arrangements described under Objective 1, describe the policies, processes and continuous quality improvement practices that will be implemented to ensure high quality care that reflects best clinical practice. Include the tools and resources that will be made available to general practitioners, nurses, allied health professionals and administrative staff (eg recall and reminder systems, orientation manuals, online decision support systems, continuing professional development, staff training etc).

Describe the role data collection and analysis will have within the quality improvement arrangements. A case study or flow chart may be used to illustrate the proposed arrangements.

Outline the arrangements that will be made to achieve accreditation under an industry recognised scheme.

Insert the response to Objective 7 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 8: Post establishment, GP Super Clinics will operate with viable, sustainable and efficient business models. [n.b. the evaluation of Objective 8 will include consideration of a report on the application from the Independent Financial Advisor to the GP Super Clinics Program.];

The response to this Objective should address, but need not be restricted to, the matters set out below:

Note that attachments are required for the completion of the application for Objective 8.

Grant Funding breakdown

Within the limit of funding available for the identified GP Super Clinic, indicate the total funding (GST exclusive) being sought and, where appropriate, indicate the breakdown across the available funding categories.

Do not delete the following table.

Year	1	2	3	4
Capital funding	\$	\$	\$	\$
Non-capital funding	\$	\$	\$	\$
Recurrent (reimbursable) expenses*	\$	\$	\$	\$
Relocation Incentive Payments*	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

* Recurrent funding is only available once the GP Super Clinic has commenced operations. Relocation incentives are payable at the point where confirmation of relocation occurs (50%) and at the end of 12 months of service at the GP Super Clinic (50%).

Financial background

Where available, attach:

- Audited Statement of Financial Performance (Profit and Loss Statement) and detailed Statement of Financial Position (Balance Sheet) for your organisation, including notes and the auditor's report for the past 3 years; or
- Accounts for the past 3 years certified by a Certified Practising Accountant or Chartered Accountant as being prepared in accordance with Australian Accounting Standards.

Capacity of guarantors

If the applicant is a company limited by guarantee, describe arrangements for meeting any liabilities that might arise during the operational phase of the GP Super Clinic.

Capacity to manage Commonwealth grants

Describe any experience in managing financial acquittals and accountability for grant funding under a state, territory or federal scheme.

Operational cash flow

Attach the estimated cash flow projections for the first three years of the operation of the GP Super Clinic. This forecast of income and expenditure should show income from assigned MBS rebates, recurrent funding, other potential funding sources (including grants, rent) and outgoings including salaries and wages, insurances, superannuation and, where appropriate, rent.

Provide information about other national grants and incentives for which the organisation has applied /intends to apply or has received, e.g. Access to after-hours primary care, Incentive payments to support practice nurses, Aboriginal Health Workers, National Rural Hospitals Health Infrastructure Program grants or innovative clinical training grants etc.

Insert the response to Objective 8 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 9: GP Super Clinics will support the future primary care workforce

The response to this Objective should address, but need not be restricted to, the matters set out below:

Outline the model of education and training delivery that is proposed for the facility. This could include arrangements for the commencing workforce such as orientation and support processes as well as for continuing professional development for clinical and administrative staff.

The education and training model should include plans for training medical, nursing and allied health students, vocational training for GP Registrars and post-graduate placements as well as indicating what arrangements will be established to provide inter-professional clinical experiences within the GP Super Clinic.

Describe how the physical environment of the GP Super Clinic will support clinical education and training activities e.g. consulting rooms large enough for observational learning, adjoining consulting rooms, observation windows, simulation models etc).

Evidence of discussions with tertiary institutions, Regional Training Providers and other stakeholders should be detailed, or set out in attached letters of support.

Insert the response to Objective 9 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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Objective 10: GP Super Clinics will integrate with local programs and initiatives

The response to this Objective should address, but need not be restricted to, the matters set out below:

Describe the strategies proposed for establishing and sustaining linkages between the health practitioners at the GP Super Clinic and other local health service providers.

Strategies should:

- o *Address how the GP Super Clinic will strengthen the delivery of primary care in the local area through a shared approach to planning and provision of primary care services; and*
- o *identify stakeholder organisations and, if appropriate, contain an appraisal of the likely timeline that would be required to develop an integrated approach.*

This could be cross referenced to the responses on Objectives 1 and 2 in relation to representation on clinical and organisational governance groups in the GP Super Clinic and/or participation in shared service approaches with local public and/or private hospitals, Residential Aged Care Facilities, general practices, allied health practices, state or territory funded services, Aboriginal Medical Services and/or community based illness prevention and health support groups.

Describe any arrangements that would underpin a partnership approach that complements and enhances existing local services (e.g. MoUs, Participation Agreements etc) including a communication strategy for progressing discussions about opportunities for integration.

Insert the response to Objective 10 by typing directly into the application form below this point. There is no page limit and attachments may be provided and cross-referenced within this response.

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SELECTION CRITERION 2

Constructing or Extending the Facility.

The extent to which the proposed capital works project will deliver facilities which support the delivery of integrated, multidisciplinary primary care services and the training and education of the future primary care workforce.

The response to this Criterion should address, but need not be restricted to, the matters set out below:

(a) The Property

Describe the proposed property arrangements for the site(s) at which the GP Super Clinic will be constructed or substantially extended including the address and any title details. Attach a plan showing dimensions of the site, the likely position of the building within the site and distances to key local services or facilities. Provide details of the current type of ownership (freehold, leasehold, Crown Title), the method that will be used to take possession (purchase, commercial lease, peppercorn lease, gift), and the price and name and address of the current owner. If the proposed purchase is commercially sensitive, indicate how the price has been established. Letters indicating in principle commitments to sell, lease or donate the land should be attached.

If it is proposed that the GP Super Clinic will be part of a larger development being undertaken by a commercial developer, describe the financing requirements, options for progressing alternative sites, and any termination arrangements should the development be delayed or not proceed on the proposed timeline.

(b) The Building

In addressing the criterion, applicants may wish to consider and /or make use of the information provided in the primary care clinic design workbook “Re-birth of a Clinic” Watts, Crist, Evans and Jones, published by the Royal Australian College of General Practitioners and the RMIT University. The workbook is available for purchase from the RACGP and there is a link from the Department’s website at www.health.gov.au/gpsuperclinics).

1. *Describe the type of building proposed – the overall design, materials and special features.*
2. *Attach:*
 - (i) *a concept plan showing elevations and the general appearance of the building;*
 - (ii) *a floor plan that reflects and supports the service mix and workforce plan provided under Objectives 1 and 2 above. The floor plan should be sufficiently detailed to enable the identification of the features that will support the delivery of integrated, multidisciplinary, team-based health care; and*
 - (iii) *a site plan indicating pedestrian and vehicle access, car parking arrangements and any other buildings on the site.*

3. *Attach:*

- (i) *a capital works budget which gives a high level breakdown of anticipated costs for land / property acquisition, building, fit out and associated expenses (refer to page 14 of the National Program Guide 2010 for information on the caps for different categories of expenditure). Include a general breakdown of the phases at which funds to support the capital works project will be sought (e.g. land/property acquisition, on completion if using a turn-key building contract).*
- (ii) *an estimate from a Quantity Surveyor or similar professional for the capital works project. This estimate should reflect the concept design included in the response to Selection Criterion 2 – Constructing or Extending the Facility*

4. *Describe any anticipated financial arrangements, in addition to the Commonwealth grant funding, to support construction e.g:*

- *Commercial borrowings including overdrafts, lines of credit, bridging finance;;*
- *Anticipated interest rates and an indication of how interest payments will be met; and/or*
- *Contributions from other funding sources including any State or Commonwealth grants.*

5. *Attach letters of in-principal commitment from lending institutions or financial contributors to support the proposed financial arrangements.*

(c) *Project Management*

For projects of this scale, i.e. \$3 million and above, it is anticipated that project management arrangements such as a Project Control Group will be established. Describe the project management arrangements, including details of how the design will be developed, likely design development and approval timelines, contract administration and cost control. Indicate the organisations that may participate in the Project Control Group, the oversight and independent arrangements that will be made to ensure cost effectiveness. Applicants should note the regulatory requirements regarding capital works funded by the Commonwealth at page 22 of the National Program Guide 2010.

Describe any relevant experience in managing capital works grant funding, including managing funding or contributions from more than one source (e.g. federal, state or territory grants, commercial borrowings, local government contributions etc).

Capital works personnel:

Set out the details of any qualified and experienced organisations or individuals that you have consulted, or anticipate consulting, for advice about managing the proposed capital works project (e.g: Project Manager, Architect, Quantity Surveyor, Draughtsman, Builder)

Do not delete this table

Name of organisation/individual	Type of service provided

SELECTION CRITERION 3

Criterion 3 is *the efficient and effective use of funds*.

The information provided against Criterion 1 and 2 will be used to assess Criterion 3.

In considering the extent to which the application meets criterion 3, the Application Assessment Panel will have regard to the following:

- The relative merit of each application;
- The geographic location of the proposed GP Super Clinic; and
- The existence or otherwise of other Commonwealth or State/Territory funding sources available to the applicant for a capital works project;
- The extent to which the evidence in the application demonstrates that the proposed GP Super Clinic will be located in an area with one or more of the following features:
 - Poor access to health services;
 - Poor health infrastructure and or coordination;
 - Where a GP Super Clinic could help take pressure off the emergency department of a local hospital;
 - High levels of chronic disease and/or populations with high health needs, such as large numbers of children or the elderly; or
 - High population growth or anticipated high population growth.

Applications which demonstrate two of these features will score more highly than applications which demonstrate one of these features, and so on.

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FINAL APPLICATION CHECKLIST

Before submitting your application, please ensure that you have:

- Read the GP Super Clinics *National Program Guide 2010, the Mandatory Requirements (page 24) and the Notice to Applicants (page 20)*;
- Considered the Statement of Requirements in the ITA; and
- The requirements included in the Application Form

The application must be typed

Please check that the following information is included in your application:

General

- Signed Verification Sheet
- Applicant's Details
- Certificates of currency for insurances
- Confidentiality provisions
- Declaration of any conflict of interest
- Letters of support
- Comprehensive response to all Assessment Criteria

Building:

- Attached schematic design of the building
- Attached floor plan of the proposed building
- Attached general site plan showing access and parking arrangements
- Attached construction phase budget
- Where available, attached audited balance sheet
- Where available, attached audited profit and lost statements
- Attached cash flow projections for the first 3 years of operation
- Attached IM/IT systems supply and support plan

Final check:

- One unbound signed original and four copies are included in the package when lodging your application**
- One electronic version as a Word document on a USB storage device, or CD-rom. (Note: The USB storage device or CD-rom should contain exactly the same information as that provided in hard copy)**

Applications close at **2pm AEDST (local Canberra time) on #####**

Applications must be delivered by hand including by courier to:

ITA #####/1011
Tender Box
Department of Health and Ageing
Ground Floor, Sirius Building
23 Furzer Street
WODEN ACT 2606