

8 Appendices

8.1 Appendix 1: GP Super Clinics Program Objectives

1. 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.
2. GP Super Clinics will be responsive to local community needs and priorities, including the needs of Aboriginal and Torres Strait Islander people. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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 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.

8. 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.
9. The GP Super Clinics program 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.
10. 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

8.2 Appendix 2: Primary and Secondary Evaluation Questions

8.2.1 Implementation Aspect Evaluation Questions

Primary Evaluation Questions

1. Why was the GP Super Clinics Program introduced?
2. How was the GP Super Clinics Program implemented by the Department of Health and Ageing? How did it comply with the regulatory requirements of the Australian Government? How well did it comply with the *GP Super Clinics National Program Guide 2008*?
3. How has the Program developed over time?

Secondary Evaluation Questions

1. What was the policy context underpinning the GP Super Clinics Program?
2. How were local communities and stakeholders engaged during the implementation of the Program?
3. What were the regulatory requirements of the Australian Government for the implementation of the Program? How well did the Department comply with these?
4. How well did the Department comply with the *GP Super Clinics National Program Guide 2008* that it established for the Program?
5. How well did the Department communicate with interested parties and stakeholders about the implementation of the Program?

8.2.2 Establishment Aspect Evaluation Questions

Primary Evaluation Questions

1. What were the processes used by GP Super Clinic funding recipients to assist with the construction phase to ensure timeliness and cost-efficiency? What were the benefits or challenges of these processes and how did they impact on construction?
2. What external influences affected the timeliness and cost-efficiency of the construction work?
3. In what way have the completed buildings assisted GP Super Clinics in meeting the operational requirements for the Program?
4. To what extent does the establishment phase represent value for money (in terms of cost per square metre compared with comparable infrastructure for investment in primary care)?

Secondary Evaluation Questions

1. What were the processes used for and timeliness of land/property acquisition? How did these vary across sites? What factors impacted on land/property acquisition and zoning?
2. What factors and requirements of local government impacted on the approval of and timeliness of gaining development consent? How did these factors and requirements impact on the timeframes for construction? What were the processes used and timeliness in relation to gaining local government Notice of Consents? How did these vary across sites?
3. What processes were used to assist with the construction phase to ensure timeliness and efficiency? How did these vary across sites? What were the benefits to or challenges of these processes and how did they impact on construction?
4. What processes were used to ensure that the construction phase could be delivered within budget and achieve value for money? How did these vary across sites? What factors impacted on these processes?
5. How well did the construction phase comply with contractual requirements between the builder and the funding recipient? Why? How did these vary across sites?
6. How well has the completed building met the expectations of the operational requirements and the users of the building? How and why has this varied across sites?
7. How do the costs of construction of buildings, surrounds, furniture, fixtures and equipment and the gross floor area for the GP Super Clinics compare with comparable cost models?

8.2.3 Operations Aspect Evaluation Questions

Primary Evaluation Questions

1. How well have the differing operational models (service and care) achieved each of the ten objectives of the GP Super Clinics Program? What elements of these models have assisted, or posed challenges?
2. How well have the differing operational models (service and care) addressed the key performance indicators for the GP Super Clinics Program? What elements of these models have assisted, or posed challenges?

Operations Aspect – Secondary Evaluation Questions

Each of the secondary evaluation questions for the operations aspect addresses a specific objective of the GP Super Clinics Program

1. What is the range of health professionals who deliver services within the GP Super Clinics?
2. What principles, practices and/or processes underpin each of the operational clinics assist them achieve integrated, multidisciplinary, team based approaches to care?

3. How do the models of care in the operational clinics identify, monitor and address the specific needs of local communities including, as appropriate, Aboriginal and Torres Strait Islanders and older Australians in Residential Aged Care facilities and community based settings?
4. What mechanisms are used for engaging with the local community and how does this impact on service delivery?
5. How do the clinics address the accessibility of primary health care services, especially with regard to after-hours services?
6. How do the clinics address the issue of affordability of primary health care services, especially with regard to bulk billing?
7. What are the clinics doing to address the cultural and linguistic needs of the populations within their local community?
8. How do the patients at the clinics perceive that questions 1-3 above are being addressed?
9. How do the service and care models in each of the operational clinics support increased capacity for preventative care?
10. How do these models extend the traditional roles and responsibilities of the non-GP staff?
11. What benefits for patients have resulted from this increased focus on preventative care?
12. How have the operational clinics maintained the viability and sustainability of their models whilst providing the preventative services?
13. How have the IT systems in the operational clinics been developed to support an integrated, multi-disciplinary, team based approach to primary health care?
14. How well are the health professionals in the operational clinic using these systems to provide integrated, multi-disciplinary, team based care?
15. What has been the approach to the availability of a shared patient record for health professionals in the clinic?
16. How well have these systems met consumer privacy requirements?
17. How have these systems been used to extend clinic services beyond the clinic?
18. How have the operational clinics created a working environment that attracts and retains primary care professionals? What obstacles have they encountered?
19. What strategies are being utilised by the operational clinics to recruit and retain the workforce? How well have these worked?

20. What are the strategies used by the operational clinics to ensure high quality care that reflects best clinical practice?
21. What arrangements are in place to obtain accreditation of the clinics?
22. Have there been any implications of the multidisciplinary model of care for gaining accreditation? If so, how have the operational clinics addressed these?
23. What are the key elements required for achieving a viable, sustainable and efficient business model?
24. What have been the challenges and achievements in maintaining such a business model?
25. How do the operational clinics contribute to the education/training of undergraduate medical, nursing and allied health students and registrar GPs?
26. How well do these placements provide opportunities to experience working in an integrated, multi-disciplinary, team based environment?
27. How well does the physical environment support this training?
28. What are the barriers to increased participation in education/training of the future primary care workforce?
29. How many of the operational clinics are accredited training facilities for GPs?
30. What mechanisms have been established to support shared planning and coordination with other local health service providers?
31. What are the barriers/enablers to shared responses to planning and coordination with other local health services providers?
32. What arrangements are in place for the delivery of state/territory funded services from within the operational clinics?
33. What are the barriers/enablers to locating/improved cooperation/coordination with state/territory funded services from within the operational clinics?