



# *Request for Quote*

## *Comprehensive review of opportunities to enhance Primary Care at BCH*

***Tender submission details***

Submission period opens:	16 August 2021
Submission period closes:	30 August 2021
Submission to:	Darlene Henning-Marshall Executive Manager Strategy & Outcomes <a href="mailto:darleneh@bchc.org.au">darleneh@bchc.org.au</a>

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# 1. Introduction

Ballarat Community Health is a significant provider of primary care to our community. Further background and history is included as attachment 1 and on our website [bchc.org.au/about us](https://bchc.org.au/about-us).

Having grown rapidly and largely organically, several legacy issues are creating challenges within the primary care program, and there is significant unharnessed potential for integration, growth and serving our most vulnerable.

In line with the BCH new Strategic Plan, the Board and senior leadership are committed to maximising impact and sustainability in all that we do. We are particularly interested in improving service integration and cross program coordination as we seek to improve client care and optimize our potential as a preferred provider for health care especially for those with complex and chronic health issues. Primary care in particular has been identified as one of our highest priorities for investment over the next period.

This project will answer key questions to inform the development of a long-term strategy that will enhance our purpose: Health and wellbeing for all with a commitment to the most vulnerable.

The intention of this project is to delve deeply and systematically into the current state of the general practice program and the delivery of primary care at BCH; to identify our strengths, weaknesses, opportunities and challenges; look externally at research and alternative models for potential improvements; and to hear from all GPs, specialists, staff and clients on their ideas for improvements. This consultancy will enable the organisation to have the information required to take the next steps towards a comprehensive 10-year Primary Care strategy that maximises impact and sustainability.

This project is required to align closely with, and be a key piece of work, in achieving the new BCH Strategic Plan: purpose, principles and values. [2021 and Beyond Strategic Plan - Ballarat Community Health \(bchc.org.au\)](https://bchc.org.au/2021-and-beyond-strategic-plan)

## Project Timelines

*The project is expected to be begin in September 2021 and conclude by end of April 2022 (i.e. 8-month consultation and development of final report)*

## Scope of Works

### In scope:

This project requires interrogation and analysis of a broad range of domains of interest. Information will be sourced from research and evidence, interviews, and group consultations. Attachment 2 lists key documents for broad summary information and it is expected considerable research beyond these would be undertaken.

The following domains of interest need to be addressed to inform future development in our Primary Care program:

1. **Local population growth** Will we need to grow to meet population needs? How big? Which markets offer the best fit and potential to focus on?
2. **Primary care in Community Health** – Understanding the external context. How do we align with broader primary care in community health initiatives and directions? How can we ensure we benefit from this broader work?
3. **Integration and Multidisciplinary care** – how do we do this better with Allied Health and other programs across BCH? What is the latest evidence we can build and shape our practices on?
4. **Models of team care and use of nursing staff.** Review current practice; review alternative models; look at different business models; look how we can enhance patient care.
5. **Employment vs contractor arrangements** – Review current and alternative models of employment – pros and cons. Especially consider how to ensure GP, allied health and pediatrician engagement in quality activities (e.g., team meetings; cross organisational meetings, professional development etc.) and integration into BCH e.g., representation on quality of care committee etc.).
6. **Customer service interface** – Explore main issues; look at pros and cons of site based versus the centrally managed models for customer service and other ways of improving this fraught area. Look across GPs, allied health, specialist clinics and other programs.
7. **Clinical leadership and governance** – why do we need it? How could we benefit from it? What would be the best (and affordable) model for a sustainable long term approach? Review the organisational structure for those involved in the primary care program.
8. **Workforce development** – how do we support professional development for GPs and other primary care staff – and ensure in line with BCH needs? How should we use students, registrars, nurse practitioners to develop workforce pipeline etc. What is the impact and influence of broader policy e.g. district of workforce shortage?
9. **Facilities and equipment** – fit for purpose IT/Phones/Buildings. What inhibits/limits our potential growth? How do we plan better for growth?
10. **Communication and team culture** – what works well and what doesn't to ensure regular, easy, proactive communication of information? what do we need for the future? How do we work as a supportive team living the BCH values?
11. **Business models and financial analysis** – To ensure a realistic and sustainable business model is developed for the future, what data collection and metrics do we need? Where would we get them from internally and externally? Where are economies of scale found and at what size are optimal gains made? What are

our points of difference to other GP and primary care options and our value proposition?

It is expected that evidence and best practice will be utilised along with co-design principles including individual interviews, group workshops and reflective practices.

It is also expected the consultant/s will work closely and collaboratively with other BCH staff and external consultants working on similar and interdependent projects. This will be advised and facilitated by the Executive Manager Strategy & Outcomes.

**Out of scope:**

Specific recommendations related to mergers and/or acquisitions are out of scope of this review, although the concept re size of the organisation could be explored (in terms of scale and market share) and recommendations made for further consideration and evaluation.

This review is not expected to formulate a new strategy but will help to inform the development of a comprehensive 10-year Primary Care strategy.

## 2. Submission deliverables

**Core deliverables:** The proposal should include the following key elements:

<b>Approach</b>	<p>Key deliverables and expected activities include:</p> <ol style="list-style-type: none"><li><b>1. Environmental scan</b> Assessment of movement and development of markets and competition in Ballarat including latest population forecasts and urban development plans.</li><li><b>2. Interviews with key staff and research into topics</b> Interview key staff to topic areas and conduct literature review of current research and alternative approaches</li><li><b>3. Consultation with key external stakeholders</b> Primary Health Network Executive, Commonwealth Government, VHA, Victoria Department of Health, AMA and Colleges.</li><li><b>4. Development and circulation of short background/discussion papers on each topic</b> It is anticipated the consultant would develop a brief background and discussion paper (including a literature review where appropriate) on each topic (2-3-page max) – that includes key internal and external information, to be circulated prior to topic based consultation sessions.</li><li><b>5. Group consultations and other opportunities for input</b> Input sought from GPs, pediatricians, nurses, allied health, intake and customer service staff, Board, Senior Leadership team, other relevant staff (via series of meetings plus opportunities to provide written comment). (Also link in with other BCH consultancies running simultaneously for access to information, client and staff input.)</li><li><b>6. Topic based summaries</b> Key information from background paper together with information gathered from consultations summarized into short topic-based papers articulating the key findings and answers to the questions posed.</li><li><b>7. Final report</b> Final report including themes across topics and clear recommendations for future program development</li><li><b>8. Presentation of key findings</b> Presentation on key findings to Executive, Board and Key staff across the organization.</li></ol>
<b>Time</b>	High level project plan with key milestones and timeline estimate
<b>Cost</b>	Fully costed budget, and payment schedule linked to key milestones
<b>Expertise</b>	Biographical information on key staff undertaking project including relevant qualifications and experience and capacity/availability to undertake project within the available timeframe

### 3. Contractual requirements

#### **Contractor Resource Requirements, Qualifications and Accreditations**

Detail relevant qualifications and experience in education and training and/or leadership & management

#### **Insurance Requirements**

Insurance Type	Insurance Amount Required
Professional Indemnity & Liability	\$1m
Public Liability	\$10m
Products Liability	\$5m
Workers Compensation	As required by law

#### **Pricing Conditions**

*Prices quoted must be in Australian Dollars and exclude GST.*

*Quoted must be firm, capped price (all items including time and materials) and be valid at least until close of business 12 months from closing date of this RFQ.*

*Prices should include itemised costs for goods and/or services, delivery, installation, commissioning, and acceptance testing.*

## Attachment 1: Additional background on BCH and community

### BCH BACKGROUND HISTORY IN PRIMARY CARE DELIVERY

BCH is a not-for-profit provider operating as a state registered community health service under the Health Services Act 1988 (VIC).

BCH is a company limited by guarantee with an annual operating budget of approximately \$25M, receiving funding from diverse sources. BCH is governed by a Board of Directors.

BCH recently celebrated 40 years of service the community and provides a comprehensive continuum of health and social support services to enable the best possible health and wellbeing of the communities it serves.

The organisation delivers around 70 programs and services across six sites and via outreach. Teams include General Practice, a sexual health clinic, specialist clinics, Allied Health, Alcohol and Other Drug treatment support services, headspace, youth services, youth homeless accommodation and support, generalist counselling, family violence counselling, trauma and torture counselling, mental health, health promotion and education, workplace health, exercise and fitness programs, pharmacotherapy and harm minimisation, and migrant and refugee services.

BCH introduced GP clinics into its service offering in 2007 establishing clinics across 3 sites: Wendouree, Sebastopol and Smythesdale employing 5 GPs within the first couple of years of operation. There was only minimal growth in the GP service until 2017 (see below for current state).

### CURRENT STATE:

It has been recognized in numerous reports and personal accounts that there is significant unrealised potential in our current delivery of primary care – especially in regards to the opportunity for integrated care with the broader services available at BCH and access to care for vulnerable members of the community who are engaged with the service in other programs (AOD and pharmacotherapy, forensic mental health, youth homelessness, migrant and refugees health etc.). There are regular systems failures experienced by the GPs (both in physical infrastructure and IT as well as the customer service interface) that are frustrating for GPs, nurses, and the customer service team. In addition to this the business model underpinning the primary care program lacks a level of sophistication to ensure a sustainable approach for the long term.

#### **Generalist GPs in the GP clinics**

BCH operates 4 GP clinics across Lucas, Wendouree, Sebastopol, and Smythesdale. Currently there are 14 GPs (total EFT = 11.8) and 8 nurses (EFT = 4.8), including a senior nurse who has non-clinical hours per week for improving the systems and processes supporting coordinated care planning and overseeing the nursing team. There are also two administrative support staff (EFT = 1.6) who support the processing of GP pays and optimise the nursing clinics via management of scheduling care planning



and health assessments. The program is overseen by the Manager Medical Services. All CSO support is currently part of the corporate charge and managed under Corporate Services Division. A new role was recently created to provide clinical leadership with a Medical Director directly reporting to the CEO commencing in February 2021. The GP Clinics are part of the new Client Services Division.

### **Other programs involving GPs and nurses**

Two additional GPs (1.6 EFT) and 3 nurses (2.2 EFT) are part of other clinics traditionally run separately to the GP Clinics (e.g., Sexual Health clinic, Doctors in Schools program). GPs have also worked across the organisation in other programs not included or formally linked to the GP clinics or Medical Services Program (e.g., Headspace, Forensic Mental Health).

### **Specialist paediatricians**

BCH operates three paediatric clinics with 2 paediatricians and various Fellows and registrars. This started as a very small service offering and is slowly growing, though the value of the paediatrician in community health is gaining in recognition and with Paediatric health and wellbeing identified in the BCH strategic plan, and the interconnectedness of this with GPs and other BCH programs, is worthy of consideration throughout this review.

### **Allied health and therapeutic services**

BCH operates a large range of allied health and therapeutic services including: Podiatry, Dietetics, Exercise Physiology, Physiotherapy, Speech Pathology, Counselling, Psychology, Chronic Disease nursing, Mental health OT and NDIS Support Coordination

These services are provided via a mix of Community Health (CH), Home and Community Care Program for Young People (HACCPYP), and Commonwealth Home Support Program (CHSP) all of which are targeted to people on low incomes and with complex and chronic disease. There are varying levels of NDIS and MBS services also provided across the above disciplines but with the potential for significant growth into a private market to enhance service availability for the specialized wraparound coordinated healthcare potentially available via BCH.

### **Other BCH programs**

There are also a range of programs run by BCH that would be further enhanced by improved communication referrals and coordination with primary care clinicians – including Adult Mental Health; Alcohol and other drug (with potential expansion to addiction services), Pharmacotherapy, Youth, Family and Community services; Health promotion and Headspace.

Our most vulnerable clients will often access BCH via a program other than primary care – however with primary care needs that have been unmet. Fear and lack of trust/poor experiences with other health services, challenges to navigating the healthcare system; financial barriers; discrimination and stigma can prevent access that might be resolved by the warm referrals and integrated care options BCH could provide to these clients.

## COMMUNITY CONTEXT

It will be important BCH primary care is designed to meet the growing demand for services for our community.

### **Ballarat and surrounds**

Ballarat population is approximately 110,000 and is experiencing unprecedented population growth, increasing by 2% each year and projected to grow to 160,000 by 2040.

Ballarat also serves as a health hub for many people in the surrounding areas.

Median household income in Ballarat is \$988 per week.

Of the Ballarat population 44% fall within the current low-income group. Overall, 13.4% of the households earned a high income and 22.4% were low income households, compared with 12.5% and 22.9% respectively for Regional VIC.

### **Ageing population**

Ballarat has an ageing population: 16.9% of the population and 2.2% increase per year as percentage of the population. The population of Ballarat over 65 years is expected to reach 21.7% by 2031. Government policy over recent years has tended to increasingly be focusing on supporting services that allow people to remain in their homes for as long as possible. People over 65 in Ballarat: 2020 - 18,590; 2031 – 28,526.

### **Chronic and complex care**

Nearly 15% of Ballarat adults have 2 chronic diseases (16,500) and 9.8% have 3 or more chronic disease (10,780). Approximately 2000 people in Ballarat live with dementia. Over one third of people living in Ballarat experience anxiety or depression. Ballarat has the highest suicide rate in the state.

While a high proportion of those with chronic and complex care needs are over 65, or perhaps have a disability, the ageing and disability demographic does not entirely account for this segment.

### **Children and young people**

In the City of Ballarat, 25.7% of households were made up of couples with children with 19.5% of population 0-14 years (21,450 people).

### **References:**

DHHS Population Health and Wellbeing team. (2019). Ballarat: Secure, healthy and resilient. <https://www.ballarat.vic.gov.au/>

## Attachment 2: Suggested key reference documents

(2019) Community Health Taskforce: Report to Government  
VHA (2021) Increasing access to affordable GP models of care in Community Health Services – A models summary paper  
VHA (2021) GPs in Community Health Services Project – Survey results

BCH (2019) Current State Analysis (Internal report)  
BCH (2020) Business development project: Final Report and discussion paper (Internal report)

DHHS (2015) Community health integrated program guidelines  
DHHS (2016) Care for people with chronic conditions: Guidelines for the Community Health Program

Bendigo Community Health Services (nd) General Practices in Community Health Services: Where will they go?

*WVPHN 10 Year Primary Care strategy -*  
[Strategic Plan | Western Victoria Primary Health Network \(westvicphn.com.au\)](https://www.westvicphn.com.au/strategic-plan)