



**Australian Government**

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**Department of Health and Ageing**

**Medicare Locals**

**Draft for Consultation**

**Guidelines for Medicare Local after hours  
responsibilities until 30 June 2013**

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# 1. Introduction

## 1.1. Purpose of this document

The purpose of these Guidelines is to provide detailed information on the roles and responsibilities of Medicare Locals in achieving the objectives of the Australian Government's reforms in after hours primary care announced as part of the National Health Reform.

Medicare Locals should read these Guidelines thoroughly to ensure they are aware of their after hours responsibilities until 30 June 2013.

These Guidelines are subject to the provisions of the *Guidelines for the establishment and initial operation for Medicare Locals* (available at [www.yourhealth.gov.au](http://www.yourhealth.gov.au)) and should be read in conjunction with that document.

## 1.2. Policy context

A strong primary health care system is essential to providing patients with the health care they need, when and where they need it.

The Council of Australian Governments (COAG) has agreed to work in partnership on National Health Reform to deliver a better deal for patients and secure the long-term sustainability of Australia's health system. National Health Reform will help deliver a better integrated primary health care system which will help manage emerging challenges for the health system, including scarce workforce resources, an ageing population and the increasing burden of chronic disease. This type of health system will ensure future generations of Australians enjoy world class, universally accessible health care.

As part of the reform process, the Australian Government announced the establishment of Medicare Locals. Medicare Locals will improve coordination and integration of primary health care in local communities, address service gaps, and make it easier for patients to navigate their local health care system. Medicare Locals will reflect their local communities and health care services in the composition of their governing bodies, which will include consumers, doctors, nurses, allied health and state-funded community health providers.

Medicare Locals will be established in three stages. The first tranche of Medicare Locals (approximately 15) will begin operating from 1 July 2011. A second tranche of approximately 15 Medicare Locals will commence from 1 January 2012, with the remainder starting from 1 July 2012.

A key role for Medicare Locals will be to identify the after hours primary health needs of their local community and address gaps in local health services. As each Medicare Local is established it will be tasked with a range of after hours primary care responsibilities so that local communities across Australia have better, more consistent access to after hours care.

### **1.3. Definition of after hours primary care**

After hours primary care is accessible and effective care for people whose health condition cannot wait for treatment until regular services are next available.

For the purposes of National Health Reform, the after hours period is defined as:

- before 8:00am and after 6:00pm weekdays;
- before 8:00am and after 12:00pm Saturdays; and
- all day Sundays and public holidays.

### **1.4. Background**

The Australian Government currently makes a number of grants and incentives available to support the provision of after hours primary care services. These include:

- grants to support the viability of after hours GP services through the General Practice After Hours (GPAH) Program;
- incentive payments through the Practice Incentives Program (PIP) to encourage general practices to ensure quality after hours services for their patients; and
- higher Medicare Benefits Schedule (MBS) rebates for after hours consultations by GPs and other medical practitioners.

Despite these efforts, many people, particularly those living in rural and regional areas, continue to have no or limited access to after hours primary care. As a result, these people often present to emergency departments, putting pressure on local hospital services or worse still, do not receive care when they need it.

### **1.5. Australian Government reforms to after hours primary care**

The Australian Government has committed to improving access to after hours primary care services by:

- establishing a new national after hours telephone-based GP medical advice service as an add-on service to the nurse triage, information and advice services currently being provided by the National Health Call Centre Network (NHCCN) trading as *healthdirect Australia*;
- expanding the new national after hours telephone-based GP medical advice service to allow capacity for online triage and basic medical advice via videoconferencing; and
- devolving responsibility for the planning and funding of local face-to-face after hours services to Medicare Locals.

### **1.6. National telephone-based GP medical advice service**

From 1 July 2011, patients who cannot access their usual GP, are not sure what they should do and require after hours medical advice can speak to a GP over the telephone, when necessary.

Patients who call *healthdirect Australia* during the after hours period will initially be triaged by a registered nurse as they are now. If the nurse determines that the patient will benefit from a GP telephone consultation the caller will be transferred to a telephone-based GP or will be advised that a GP will call them back. All other patients will be

provided with health advice by the nurse and/or directed to appropriate care, including seeing their usual GP the next day, if necessary.

This new service is expected to especially benefit patients living in areas with limited or no access to after hours care. In some cases, the telephone-based GP will be able to help the patient manage their condition over the telephone, reducing their need to seek face-to-face after hours care.

The new service will also benefit GPs by providing them with another option for providing access to quality after hours care for their patients. This is expected to reduce pressure on GPs during the after hours period, improving their work-life balance. It will also assist in continuity of care for patients by providing the regular GP with a record of the patient's consultation with the telephone-based GP by the beginning of the next working day.

### **1.7. Videoconferencing**

From 1 July 2012, the new telephone-based after hours GP medical advice service will be expanded to allow the capacity for online triage and basic medical advice via videoconferencing. This videoconferencing capability was announced as part of the *Connecting Health Services with the Future* telehealth initiative. It will assist nurses and GPs staffing the after hours GP telephone advice service to assess a caller's medical condition more quickly and effectively.

### **1.8. Medicare Locals and after hours primary care**

A mandatory role and responsibility of each Medicare Local is to address the after hours primary care needs of their region. Each Medicare Local is responsible for planning and funding after hours services within their region and accordingly will receive Australian Government funding on a non-competitive basis. Medicare Locals will be expected to improve coordination and integration of after hours services, including with the new national telephone based after hours GP medical advice service by working closely with key stakeholders to identify and address local after hours service issues. They will also be required to raise awareness of after hours service availability to make it easier for patients to access effective after hours services when they need to.

Medicare Locals are required to perform a number of roles to achieve these outcomes. These roles include:

- identifying and assessing the after hours primary care needs of the region;
- developing and implementing a plan to address priority after hours gaps; and
- integrating local services with *healthdirect Australia*.

#### **1.8.1. Stage One**

For the purposes of After Hours Primary Care, *stage one* is the period between establishment of a Medicare Local and 30 June 2013.

##### *After Hours Primary Care Needs Assessment*

During the first six month period, Medicare Locals will be expected to undertake a thorough needs assessment to identify priority after hours primary care gaps within their region. Medicare Locals will be expected to analyse local health data and consult

with a range of groups including members of the community, local GPs, Local Hospital Networks, local clinical groups, other Medicare Locals and other health professionals to understand current issues around access to after hours primary care in their region. This process will identify those areas where patients can readily access quality after hours services and those areas where services are limited or non-existent, and the reasons behind these circumstances.

Medicare Locals must submit their needs assessment as an attachment to their stage one plans.

Further information on this role is at Section 2.

*Developing and implementing a plan to address priority after hours gaps during the stage one period*

Based on the findings of their needs assessment, Medicare Locals will develop a plan that spans the stage one period to address priority issues and gaps in after hours primary care within their region. This plan must consider a range of options to determine the most efficient and effective way of addressing these issues and gaps so they best suit local needs. This must include consideration of integration with the new national GP after hours telephone advice service, building on existing arrangements that meet community needs, and making best use of the available local health infrastructure. This plan must determine the most effective regional approach, justify why it is the most suitable approach given local after hours conditions and explain how it will be implemented.

To implement this plan, Medicare Locals may undertake a range of roles which could include funding after hours service provision, establishing a new service in areas where there are no existing service providers, providing a coordination or promotional role, and/or assisting to ensure details of local services are provided to *healthdirect Australia*.

Medicare Locals must submit their stage one plan to the Department for acceptance within six months of their establishment.

Further information on this role is at Section 3.

### **1.8.2. Stage Two**

From 1 July 2013, the grants currently available under the GPAH Program and the incentive payments available through the PIP After Hours Incentive will be discontinued. The funding previously made available through these programs, together with additional funding from the Commonwealth, will be redirected through Medicare Locals. Medicare Locals will administer this funding to further improve access to after hours care within their region.

During this period, Medicare Locals will be required to undertake ongoing needs assessments of their region and develop a comprehensive plan that builds on the foundations of their stage one plan by focussing on more than just addressing priority gaps in local after hours service provision. It must consider the entire ongoing after hours needs of the region. It is essential that this plan builds on the findings and outcomes of their stage one plan to ensure effective and accessible after hours care is

available across the entire region for the long term. Like the stage one plan, it is expected that research and consultation with key stakeholders and the community is to form the basis of a decision in choosing a preferred implementation approach that best suits the region. The plan for stage two also requires Departmental approval.

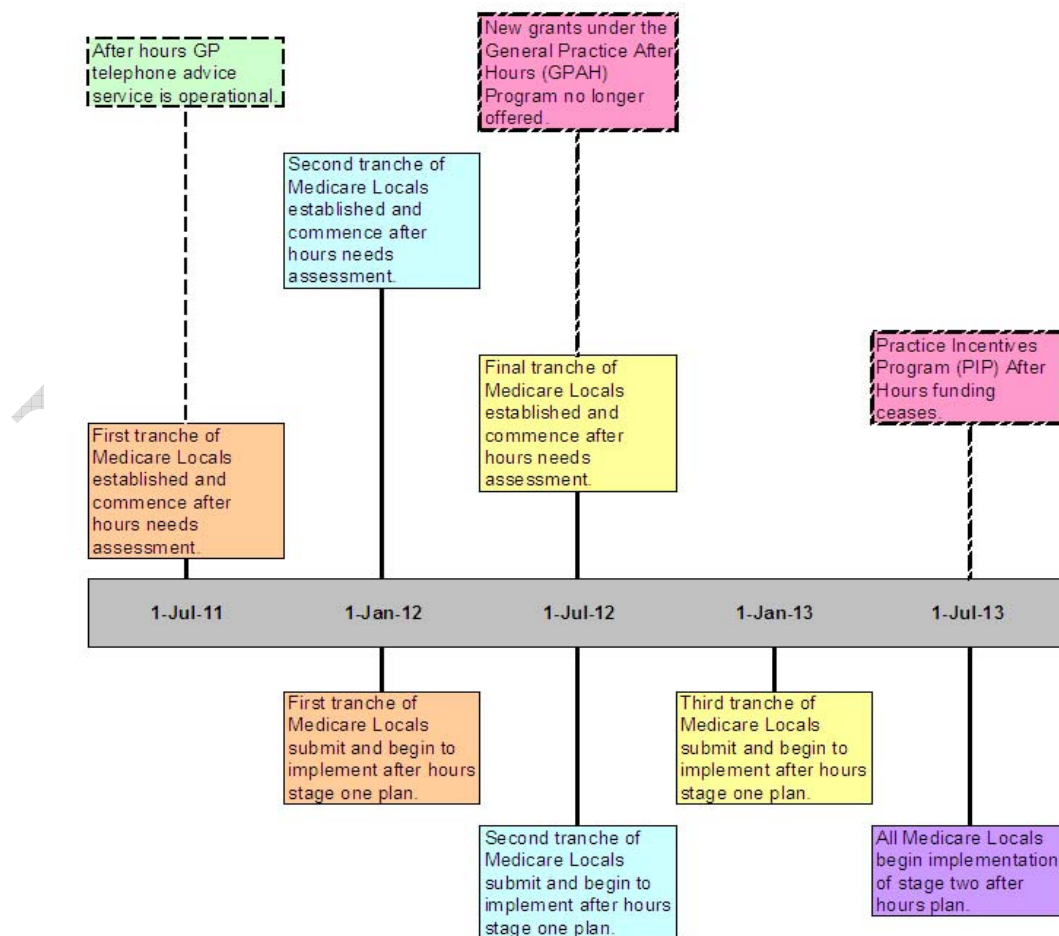
Medicare Locals will implement the plan for the second stage from 1 July 2013 to ensure continued support for after hours services once existing Australian Government funding arrangements have ceased. For more information on changes to existing Australian Government funding arrangements for after hours services, see Section 3.4.

### 1.8.3. Integration with *healthdirect Australia*

Medicare Locals must ensure that the face-to-face after hours services they fund are integrated with existing and new *healthdirect Australia* services, including the new telephone based after hours GP advice service.

Further information on this role is at Section 5.

Figure 1. Medicare Local responsibilities



## 1.9. Program Objectives

The objective of the Australian Government's reforms to after hours primary care is to provide all Australians, regardless of where they live, with *accessible* and *effective* after hours primary care services by:

1. ensuring that after hours primary care services are well planned, coordinated and appropriate to regional needs;
2. improving consumer awareness of after hours primary care services;
3. improving consumer direction to after hours primary care services;
4. ensuring appropriate after hours primary care services are accessible when needed;
5. better supporting health professionals in the arrangement and/or provision of after hours care for patients; and
6. integrating after hours primary care services both nationally and regionally.

To achieve this, Medicare Locals will be expected to:

- identify the after hours health needs of the population resident within their geographic boundary;
- design and develop a response to address the identified need of after hours primary care within their geographic boundary;
- facilitate an improved patient journey by coordinating and promoting access to after hours services within their geographic boundary;
- ensure that after hours arrangements are well integrated with *healthdirect Australia* and relevant eHealth infrastructure, and are well coordinated with local hospital services;
- support health professionals and service providers to improve patient care during the after hours period;
- ensure efficient and accountable corporate governance whilst performing their after hours responsibilities;
- ensure sound clinical governance and effective management of the after hours services they fund; and
- monitor performance of service providers to contribute to national assessment and evaluation.

## 1.10. Guiding Principles

The following Guiding Principles are designed to inform the basis of after hours service provision supported through Medicare Locals.

Medicare Locals will be committed to ensuring that each service they support adheres to the Guiding Principles of:

- *accessible care* (Table 1); and
- *effective care* (Table 2).

Table 1. Guiding Principle – Accessible Care

<b>Accessible Care</b>	
Appropriate	<p>Care should be appropriate to the after hours period.</p> <ul style="list-style-type: none"> <li>▪ After hours service providers are expected to provide short-term advice, medication and/or support.</li> <li>▪ Patients must be referred to their usual provider for ongoing management.</li> <li>▪ After hours service providers must consider the characteristics of their population such as the prevalence of chronic disease and demographic factors (which should consider health needs of the aged).</li> </ul>
Timely	<p>Timely care is responsive to the needs of patients.</p> <ul style="list-style-type: none"> <li>▪ Patients must have access to available and appropriate after hours services, when required.</li> <li>▪ Patients must be able to access this care within a timeframe that is appropriate to their region. This applies both to the time it takes to travel to an after hours service and the waiting time to receive care from that service. Travelling time should take transport options into account, such as bus, train and taxi availability within the region.</li> </ul>
Available	<p>All patients must be provided with access to the after hours services supported or provided by Medicare Locals.</p> <ul style="list-style-type: none"> <li>▪ These services must be accessible regardless of the patient’s usual residency or general practice arrangements.</li> <li>▪ After hours providers must account for all patients and must not be limited to the existing patients of the service or patients of GPs subscribing to or providing the after hours service.</li> </ul>
Affordable	<p>Affordable care means that there are no significant financial barriers for patients to access care.</p> <ul style="list-style-type: none"> <li>▪ At a minimum, each after hours service must provide access to bulk-billing arrangements for Commonwealth concession card holders and children under the age of 16.</li> <li>▪ Co-payments should be kept to a minimum for all other patients and should be appropriate to the service and socioeconomic status of the region.</li> <li>▪ Payment arrangements must be transparent.</li> </ul>

Equitable	<p>Equitable care means that an after hours service is equally accessible by patients.</p> <ul style="list-style-type: none"> <li>▪ Patients should experience no physical barriers in accessing care. Physical barriers may include limited disabled access, limited parking, poor security and a lack of nearby transport options.</li> <li>▪ Patients should have access to culturally appropriate care specific to the region. Approaches should consider communication and language barriers and be culturally sensitive to Indigenous Australians and other culturally and linguistically diverse communities.</li> <li>▪ Patients should have appropriate access regardless of their geographic isolation, age, gender or socioeconomic status.</li> </ul>
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Table 2. Guiding Principle – Effective Care

<b>Effective care</b>	
Continuity of Care	<p>Formal continuity of care arrangements must be in place.</p> <ul style="list-style-type: none"> <li>▪ Arrangements must ensure that information relating to the patient’s consultation flows between the after hours provider and the patient’s regular GP.</li> <li>▪ From 1 July 2012, after hours service providers must use the Personally Controlled Electronic Health Record (PCEHR) system for consumers who have given consent to do so.</li> </ul>
Coordinated	<p>After hours services must be well linked with other health organisations.</p> <ul style="list-style-type: none"> <li>▪ After hours service providers must have a strong relationship with their Medicare Local.</li> <li>▪ After hours service providers must complement other after hours arrangements within the region. This may include other Medicare Local funded services and local hospital services.</li> <li>▪ After hours service providers may consider collaboration with other providers in the development of agreed referral pathways.</li> <li>▪ After hours service providers must also consider linkages with <i>healthdirect Australia</i>.</li> </ul>
Quality and Safety	<p>Services must provide a safe environment for patients and employees and demonstrate compliance with all relevant Australian Standards.</p> <ul style="list-style-type: none"> <li>▪ After hours service providers must be accredited, or</li> </ul>

	<p>have indicated a commitment to undergo accreditation, against the Royal Australian College of General Practitioners' (RACGP) Standards for General Practice.</p> <ul style="list-style-type: none"> <li>▪ After hours service providers that are ineligible to apply for accreditation against RACGP Standards must demonstrate a commitment to as high a standard of care as is described by the current RACGP Accreditation Standards. This includes, but is not limited to, risk management measures, follow-up procedures, appropriate infection control measures, patient privacy, reporting systems for patient and staff feedback, skilled training, job descriptions, complaints management and evaluation of quality of care.</li> <li>▪ Appropriate security should be in place for both clinic-based and home visitation services.</li> </ul>
Efficient	After hours service providers must utilise resources efficiently and effectively to provide the best solutions and outcomes for patients at the least cost.
Sustainable	<p>After hours service providers must be viable in the after hours period and should utilise resources (both workforce and financial) efficiently and effectively.</p> <ul style="list-style-type: none"> <li>▪ After hours services must have a sustainable workforce capacity. These services must ensure that employees are appropriately trained, skilled and supported. The work-life balance of employees must also be considered.</li> <li>▪ After hours services supported by Medicare Locals must be financially sustainable during the funding period.</li> </ul> <p><i>Overall, the principles of accessible and effective care (as described) will assist after hours services in becoming self-sustainable in the long-term.</i></p>

### 1.11. Legislation

Medicare Locals must consider the *Health Insurance Act 1973* (the Act) as amended, in undertaking their after hours responsibilities. All sections and exemptions of the Act remain enforceable and must be considered by Medicare Locals when funding an organisation or arranging for improved access to after hours primary care.

Any other relevant Commonwealth, state or territory legislation must also be considered.

## **2. Stage one needs assessment and identification of priority gaps**

Each Medicare Local is required to undertake a thorough assessment of the after hours primary care conditions within their region. As part of this assessment, Medicare Locals must consult with a range of community and stakeholder groups and analyse local health data to determine the after hours needs within their region.

The needs assessment will allow each Medicare Local to develop a detailed understanding of those areas within their boundary where patients can readily access quality after hours services and those areas where services are either limited or non-existent. Medicare Locals should ensure that they understand the factors that have impacted on access and the reasons why some areas have suitable after hours coverage while others have limited or no coverage. In considering these factors, Medicare Locals may wish to consider some of the access issues addressed in the Guiding Principles at Section 1.10.

Each Medicare Local will be required to complete a needs assessment using the guide and template provided at Attachment xxx. These documents will support a thorough needs assessment and ensure that relevant consultation is undertaken.

Once a Medicare Local has undertaken a needs assessment and has a good understanding of current after hours primary care service provision and need within its region, it should identify priority gaps in need of urgent attention (i.e. specific locations and situations where additional or improved access to after hours services is required immediately). In identifying priority gaps, Medicare Locals should consider a number of factors that impact on after hours service provision. This should include

- local population characteristics;
- workforce capacity;
- service models; and
- regional strengths and weaknesses.

Funding for Medicare Locals to undertake a needs assessment will be provided by the Department (see Section 7).

### **2.1. Local Consultation**

Local consultation is a key component of the stage one needs assessment. Medicare Locals will need to consult regularly with, and seek advice from, a range of stakeholders and the local community to:

- identify consumers (and non-consumers) of after hours services and clearly understand their after hours requirements;
- gather the views of local health professionals on local after hours needs, workforce capacity and service priorities for the region;
- identify possible solutions to address priority after hours needs and gaps;
- identify specific local issues that may impact on the implementation of after hours arrangements;
- learn from the successes and issues faced by other experienced after hours service providers and Divisions of General Practice; and

- identify existing health infrastructure which could support after hours service delivery arrangements.

Groups that must be consulted include, but are not limited to, consumers, local GPs and GP groups, existing after hours primary care providers, other Medicare Locals, Local Hospital Networks (LHNs), local clinical groups, state, territory and local governments, GP Super Clinics and other relevant health professionals. Medicare Locals may also consider consulting with private hospitals, ambulance services, nursing services, aged care homes, the Royal Flying Doctors Service (where relevant) and other specialist services that may operate within their boundary.

### **2.1.1. Consulting with consumers**

Medicare Locals are expected to provide consumers with information on after hours service provision and also seek their views and opinions on the current provision of after hours services, barriers to access, and their after hours needs and expectations. Consultation and information gathering may take on a range of forms, including focus groups, public meetings, interviews, questionnaires and surveys.

Medicare Locals will be expected to consult a range of consumers within the region including frequent users of after hours services, non-frequent users and hard to reach groups.

Consumer input is expected to improve the quality, efficiency and transparency of the stage one needs assessment and plan by providing a more accurate and robust reflection of the after hours needs of the region.

### **2.1.2. Working with other existing after hours primary care providers**

Many Medicare Local boundaries will already have a number of after hours primary care services providing quality after hours care to the community. This includes but is not limited to medical deputising services, after hours GP clinics, ambulance services, pharmacies, aged care facilities, radiology and pathology services.

A number of after hours GP services are currently administered and delivered by Divisions of General Practice. Those Divisions that remain active until all Medicare Locals are established will be expected to continue funding these effective after hours services.

It is expected that Medicare Locals will consult with all effective after hours services that are currently operational in their region throughout the needs assessment process. In particular, this will allow for the opinions of the local workforce to be taken into account and the use of these services to be better understood.

The stage one plan is expected to provide solutions to enhance, complement and support these services, and not replace them.

### **2.1.3. Working with other Medicare Locals**

Each Medicare Local must consult and work in collaboration with neighbouring Medicare Locals and other Medicare Locals that may have similar after hours needs so that learnings can be shared.

Collaboration is particularly important with neighbouring Medicare Locals in regions where people travel across Medicare Local boundaries to access care, or where care may be able to be delivered more efficiently across multiple Medicare Local regions. Consultation with Medicare Locals that have similar after hours needs is also encouraged. This will allow Medicare Locals to learn from others that have developed successful approaches in the past and discuss or trial proposed new approaches with others in similar situations.

If an identified priority gap stretches across multiple Medicare Local boundaries, corresponding Medicare Locals must work together to develop an after hours strategy to address that particular gap across both boundaries.

### **2.1.4. Working with Local Hospital Networks (LHNs)**

As part of their strategic objectives, Medicare Locals are required to establish processes to engage effectively with their LHNs (Refer to Objective 1 in the *Guidelines for the establishment and initial operation for Medicare Locals*). Within this broader requirement, Medicare Locals will need to demonstrate that they have used these processes to consult with LHNs to ensure that stage one plans consider the impact upon local acute care services.

As outlined in Section 1.9, an objective of the Australian Government's reforms to after hours primary care is to improve consumer direction to appropriate after hours services, that is, ensuring that the patient receives the right care, at the right time and at the right place. The roles undertaken by Medicare Locals and the establishment of a national after hours GP telephone advice service is expected to assist in improved consumer direction to appropriate health services. It envisaged that this will lead to reduced pressure on hospital emergency departments.

In order to achieve this objective, Medicare Locals will be expected to actively engage LHNs during the development of their stage one needs assessment and plan. If there is more than one LHN in their boundary, Medicare Locals will be required to engage with each relevant LHN. The form of this engagement is flexible and should be one which best suits the working styles of both the Medicare Local and the LHN, however, it is expected that the engagement process will be ongoing.

### **2.1.5. Working with state and territory governments**

Improving access to after hours services has been identified as a priority area by COAG. Consequently, many state and territory governments are currently implementing, or have previously implemented their own after hours arrangements. All arrangements by Medicare Locals to fill priority gaps should build on and/or complement any arrangements that relevant state and territory governments already have in place.

### **2.1.6. Working with GP Super Clinics and General Practices receiving Primary Care Infrastructure Grants**

GP Super Clinics offer an extensive array of primary care services in a single location, with integrated services delivered by teams of health professionals. The majority of GP Super Clinics will offer opening hours that extend into the after hours period.

Medicare Locals may have a GP Super Clinic within their boundary. If this is the case, these Medicare Locals will need to consult with these GP Super Clinics to ensure services are not duplicated.

Similarly, some general practices within a Medicare Local boundary may have received funding under either the 2010 or 2011 Primary Care Infrastructure Grants round which in some cases requires them to increase their general practice availability after hours. Medicare Locals are expected to consult with these practices to ensure that arrangements are complementary.

### **2.2. Analysing local health data**

The Department will provide Medicare Locals with health-related data relevant to their region. This data will assist Medicare Locals in conducting their needs assessment and identifying the specific areas of need within their region.

Medicare Locals will also be required to gather other relevant quantitative data, as well as qualitative data, throughout the needs assessment process. The quantitative data provided by the Department and that gathered by Medicare Locals will complement and support the qualitative data obtained. The data gathered by Medicare Locals should encompass all elements of the health (physical, social etc.) and health system (workforce, location etc.) characteristics of the Medicare Local region. This will provide a robust view of after hours primary care services and needs within the region. Medicare Locals will be expected to analyse this data in the needs assessment process.

In addition, case studies will also be provided which may assist in identifying suitable service delivery models.

This data will also be used as a baseline from which improvement in access to after hours primary care services can be measured.

### **3. Developing a plan for the stage one period**

As part of their after hours needs assessment Medicare Locals will have identified priority areas within their region where improved access to after hours primary care services is required immediately.

To address these priority gaps Medicare Locals must develop a plan for the stage one period. This plan will span the period to 30 June 2013 and must consider a range of options to determine the most efficient and effective way of addressing local after hours needs. Options must build on existing arrangements that meet community need and make best use of the available local health infrastructure. The stage one plan must outline the reasons the outlined approaches are the most suitable for the region, and explain how it will be implemented and at what cost.

Stage one plans (along with needs assessments) are required to be submitted to, and accepted by the Department within six months of establishment, in order to begin implementation by 1 January 2012. (The 1 January 2012 start date applies to the first tranche of Medicare Locals only. Please refer to Figure 1 for more detail on the second and third tranches).

Each Medicare Local will be required to develop their stage one plan using the guide and template provided at Attachment xxx.

#### **3.1. Filling priority gaps**

In their stage one plan, each Medicare Local must propose an approach (or approaches) to fill the priority gaps identified as part of their needs assessment.

Medicare Locals will be given the flexibility to propose an approach (or approaches) that will best suit their region and should consider a range of options. These options may include, but are not limited to:

- coordination support to assist local health professionals in the delivery of after hours services. For example, negotiating with local GPs to develop an after hours on-call roster;
- encouraging and supporting local in-hours services to extend into the after hours period or expand the reach of current after hours services; and/or
- supporting existing after hours services to improve consumer access to care.

Additional information on approaches to filling priority gaps is provided in Section 4.

#### **3.2. Implementation strategy**

The pool of funding from which Medicare Locals will receive funds to implement their plan is limited. Taking this into consideration, Medicare Locals will be required to be strategic in identifying the immediate after hours priorities of the region. This includes considering a range of approaches and models that are cost-efficient and provide value-for-money, whilst at the same time, address key priorities and needs in the region. The key priorities which will be addressed through the stage one plan are required to be justified and costed.

### 3.3. Building on existing infrastructure

Whilst Medicare Locals will be given flexibility to develop the most suitable after hours arrangements, they must endeavor to build on existing health infrastructure. Medicare Locals must make best use of existing infrastructure, including the *healthdirect Australia* telephone advice service, and support existing services which are well matched to community need.

Medicare Locals must also ensure arrangements are aligned with future eHealth enhancements such as the PCEHR system so that benefits to consumers and providers within the region are maximised.

### 3.4. Existing Australian Government funding arrangements

The Australian Government currently supports after hours service provision through:

- incentives to general practice through the PIP;
- grants offered under the GPAH Program; and
- after hours items available under the MBS for after hours services.

Details of how these arrangements will change throughout the period of establishment to 30 June 2013 can be found at Table 3 below.

Medicare Locals must take these arrangements into account in developing their stage one plans. In taking these arrangements into consideration, Medicare Locals should ensure that current-funded services do not receive additional funding to provide the services that they are currently expected to deliver.

Table 3. Australian Government after hours arrangements

Australian Government after hours arrangement	Before 1 July 2013	After 1 July 2013
Practice Incentives Program (PIP) After Hours Incentive	Remains unchanged	After Hours Incentive payments through the PIP will cease from 1 July 2013. From this date, funding previously allocated to the PIP will be redirected through Medicare Locals to implement their stage two plans.
GPAH Program	Grants under the GPAH Program will no longer be offered after 1 July 2012. Until then, grants under the GPAH Program will be available only in those regions where Medicare Locals have not yet been established. All existing GPAH Program grants will be honoured.	All existing GPAH Program grants will be honoured.
MBS items for after hours services	MBS rebates and billing arrangements will not be altered as part of this initiative.	MBS rebates and billing arrangements will not be altered as part of this initiative.

### **3.5. Risk management**

Medicare Locals must undertake assessments to identify potential risks associated with the implementation of their stage one plan. Medicare Locals are required to submit their risk assessment to the Department as part of their plan. Throughout the period that spans stage one, Medicare Locals must regularly review risks and identify any major risks and proposed mitigation strategies to the Department immediately.

### **3.6. Lodgement of documents**

Lodgement details and due dates for the needs assessment and stage one plan will be provided within the Funding Agreement between the Australian Government and the Medicare Local.

The needs assessment and stage one plan must meet all of the requirements outlined in these Guidelines. Also, as outlined in Sections 2 and 3, the needs assessment and the stage one plan will need to be accompanied with documentary evidence of the research/analysis and community and stakeholder consultations carried out by the Medicare Local.

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## 4. Implementing the stage one plan

Following acceptance of their stage one plan, Medicare Locals will be provided with funding to implement the agreed approaches to fill priority gaps in access to after hours primary care services in their region.

To implement the stage one plan, Medicare Locals may be required to:

- provide funding to health professionals to support after hours service provision;
- establish a new after hours service;
- undertake a coordination role; and/or
- undertake a role that increases patient awareness of local services.

### 4.1. Funding after hours service provision

It is anticipated that a key role that Medicare Locals will undertake in the implementation of plans will be to provide funding to local service providers.

Medicare Locals may consider funding a range of different service delivery models so that the priority needs of the region are met. Primary care service delivery models may include, but are not limited to:

- GP based services;
- nurse based services; or
- other models that may be linked to local ambulance services, hospitals, pharmacies and other primary health care services.

Please note: a reference to *service providers* in the following sections refers to all primary care service providers, some of which are described above.

#### 4.1.1. Mandatory requirements

The provision of after hours funding to Medicare Locals is not expected to cover the entire after hours cost of after hours services as these costs should be supported by existing fee structures, including claims for service under the MBS. Rather, Medicare Local funding should cover the net additional costs of after hours service provision to ensure the availability of the service in the after hours period.

In allocating funding, Medicare Locals must build on existing arrangements that meet community needs and make best possible use of available local health infrastructure, including existing after hours service providers. All after hours service providers that are successful in receiving funding from a Medicare Local must demonstrate that they adhere to the Guiding Principles (see Section 1.10) before they receive funding.

Medicare Locals must also build on the substantial investment by the Australian Government in *healthdirect Australia*. Consequently, stand alone nurse and/or GP telephone triage services cannot be funded.

#### **4.1.2. Selection criteria and assessment**

Prior to approaching the market and selecting a suitable service provider, Medicare Locals will be expected to develop a range of clearly defined selection criteria to ensure that applicants adhere to the Guiding Principles. Selection criteria must be clearly communicated to all potential applicants and be the basis of a fair and transparent assessment process.

#### **4.1.3. Approaching the market**

Medicare Locals are encouraged to consider a range of processes to approach the market and select appropriate after hours service providers to fill identified priority after hours needs.

Approaches should be considered in the stage one plan and should aim to publicise the availability of funds to attract the widest possible field of potential applicants. The recommended way to do this is through a competitive invitation to apply process.

In some circumstances, there may be compelling reasons for Medicare Locals to undertake an alternative method to approach the market. For example an alternative approach may be considered where local characteristics mean that an open tender approach is not possible, if no potential applicants satisfy the conditions for participation, or if no submissions are received as part of the open tender process.

Alternative approaches must not be used for the purposes of avoiding competition, or to discriminate against any potential provider.

Medicare Locals must identify their proposed method of approaching the market and the basis for that method in their stage one plan. The proposed approach must be supported by community and stakeholder consultation.

#### **4.1.4. Conflicts of interest**

Medicare Locals must ensure that officials involved in procurement, particularly those dealing directly with applicants and potential applicants, recognise and deal with any potential or perceived conflicts of interest.

#### **4.1.5. Funding Agreements with service providers**

Medicare Locals are responsible for administering funding to suitable service providers.

Regardless of the approach, Medicare Locals should ensure that expenditure of funds is efficient, effective and ethical. Medicare Locals must have confidence that the funds will be appropriately applied and taxpayers receive value for money.

Funding arrangements between Medicare Locals and local service providers must include reporting mechanisms to allow the Medicare Local to ensure that providers are meeting agreed objectives and are adhering to the Guiding Principles.

The funding arrangements must also specify requirements of the service provider in contributing to ongoing evaluation of the program at local and national levels.

#### **4.1.6. Funding limitations**

Regardless of the type of after hours service that is supported, Medicare Local after hours funding may only be used for activities that contribute to the achievement of the Program Objectives (see Section 1.9) and relate to the provision of after hours primary care.

Funding to services must be aligned with the activities outlined in their plans and be focused on meeting identified community need. Funding cannot be provided retrospectively for activities already undertaken or expenses already incurred by the after hours service.

Funding cannot be used to meet the requirements of any other commercial or government arrangement. However, funding may be directed to build on and provide additional services.

Although administrative costs may be funded, Medicare Locals are encouraged to closely monitor proposals that comprise significant administrative costs. Any administrative cost should be relevant to the after hours service activities, itemised, reasonable and explained in detail. Administrative costs need to be able to demonstrate a clear benefit to the region and must specifically address priority gaps.

## **4.2. Establishing a new service**

Medicare Locals must endeavour to make the best use of existing infrastructure and support existing services which are well matched to community need. However, Medicare Locals will be required to consider alternative arrangements where suitable service providers are not interested or unwilling to extend the reach of their services to meet needs identified by the Medicare Local. Alternative arrangements may include the establishment of a new after hours service within their region.

### **4.2.1. Community and stakeholder support**

If a new service is proposed, consumers and key stakeholders such as LHNs, existing primary care providers and neighbouring Medicare Locals, must indicate overwhelming support during the needs assessment process. In addition, health professionals must be willing to provide the relevant workforce to operate the new service.

Medicare Locals must provide documented evidence of community and stakeholder support to the Department if a new service is proposed. This must include support from local service providers, if they exist, to confirm their unwillingness or inability to provide the needed after hours service. Medicare Locals may also be required to provide evidence on an ongoing basis of the need for, and community/stakeholder support for the service.

#### **4.2.2. Justification of a new service**

Medicare Locals must provide an explanation of the proposed new service, the associated establishment costs and justify its appropriateness for the region. This should be outlined as part of their stage one plan.

A new service established by a Medicare Local must comply with the Guiding Principles and adhere to reporting requirements.

The Department must provide formal approval to the Medicare Local before a new service is established.

#### **4.3. Coordinating service provision**

As part of their stage one plan, Medicare Locals are encouraged to consider undertaking a coordination role.

The fragmented nature of after hours primary care services in some areas of Australia can lead to some people not receiving appropriate after hours care, or receiving treatment in an inappropriate setting. Medicare Locals are expected to address this by better coordinating after hours services within their region to ensure that patients' access to appropriate after hours services is as seamless as possible.

Coordination roles may include, but are not limited to:

- establishing and maintaining links with LHNs and neighbouring Medicare Locals;
- providing administrative support (for example in managing after hours GP rosters) that reduces the administrative after hours burden on local services and that encourages participation in after hours service provision.

All coordination activities must contribute substantially to achieving the Program Objectives, be of a reasonable cost and be explained and justified in detail in the stage one plan.

#### **4.4. Service awareness**

As part of their stage one plan, Medicare Locals are also encouraged to consider patient awareness of funded after hours services.

A lack of awareness of after hours services results in reduced use of those services. This may mean that patients present to a hospital emergency department because they are unaware of other more appropriate after hours care arrangements nearby. To address this issue and encourage utilisation of appropriate local after hours services, Medicare Locals will be responsible for improving patient awareness of the after hours services they fund.

To improve awareness, Medicare Locals must ensure that information about the after hours services they support is regularly updated and incorporated into relevant health service directories, including the National Health Service Directory (NHSD). For further information on the NHSD see Section 5.

In addition, Medicare Locals may also work with after hours providers to promote the availability of services. This may be achieved in a number of ways, for instance by creating information posters to be displayed in daytime surgeries or by erecting signage at local emergency departments that details the availability of local after hours primary care services.

All Medicare Locals will be required to give due recognition to the Australian Government's Health Reform agenda. As such, Medicare Locals will be subject to common communications, marketing and branding protocols. Additional information in relation to these requirements will be provided by the Department at a later date.

All promotional activities must contribute substantially to achieving Program Objectives, be of a reasonable cost and be explained in detail in the stage one plan.

#### **4.5. Other implementation approaches**

Medicare Locals are not limited to the approaches suggested above, and may consider alternate or innovative approaches to meeting the after hours primary care needs of their region. These approaches must comply with the Project Objectives and adhere to the Guiding Principles.

When considering an alternate approach, Medicare Locals should demonstrate community and key stakeholder support, provide an explanation of the proposal and justify its appropriateness for the region.

All alternate approaches should be documented in the stage one plan and require formal approval by the Department prior to implementation.

## **5. Integration with healthdirect Australia and eHealth initiatives**

Medicare Locals must ensure that the face-to-face after hours services they fund are integrated with existing and new *healthdirect Australia* services, including the new telephone based after hours GP advice service, which will be operational from 1 July 2011.

### **5.1. Provision of service information to *healthdirect Australia***

A compulsory requirement of the integration between Medicare Locals and *healthdirect Australia* will be that Medicare Locals ensure up-to-date information about all primary health care services in the region (including locations, opening times and contact details) is provided, in the nominated format, to *healthdirect Australia*.

Service information must be provided to *healthdirect Australia* via the National Health Service Directory (NHSD). The NHSD will be established by 1 July 2011 and will contain consistent information about health services nationally. Medicare Locals may collect information themselves and provide it to the NHSD, or alternately may assist services in providing information directly to the NHSD.

NHSD information will be accessible by *healthdirect Australia* nurses and GPs. This will assist telephone-based nurses and GPs in ensuring that those patients who call *healthdirect Australia* and are advised to seek face-to-face after hours care are directed to appropriate after hours services in their region.

Information from the NHSD will be available to all health professionals, which will support them in the planning of care and in referring patients to other health professionals or service settings. It will also support hospitals in maintaining the information they need to plan care transfers and to send discharge summaries to specialists, GPs and allied health professionals – including the increasingly important electronic address information of these providers and their systems.

In addition NHSD information will be accessible to consumers via a web portal which will be developed in the future. This will allow consumers to access consistent, authoritative and reliable information about health services.

As such, in ensuring that primary health care services are updated in the NHSD, Medicare Locals will help to improve the integration of services both nationally and regionally.

The Department will provide additional information on the NHSD, including processes and requirements for Medicare Locals and service providers to submit and update information, in the near future.

### **5.2. Further integration with *healthdirect Australia***

As part of their stage two plan, Medicare Locals are also encouraged to consider more comprehensive integration with *healthdirect Australia*. This integration may include an agreement between a Medicare Local and *healthdirect Australia* to utilise telephone-based nurses or GPs to maximise workforce capacity in their region.

The Department will work with Medicare Locals and *healthdirect Australia* in the coming months to develop integration options that are flexible and responsive to local needs and circumstances. The first tranche of Medicare Locals are expected to play an integral role in the development of such options and should help to ensure that integration supports and complements local after hours service provision.

### **5.3. Alignment with Australian Government eHealth initiatives**

A national Personally Controlled Electronic Health Record (PCEHR) system will be available from 1 July 2012 so that for Australians who choose to participate, their health information will be securely available online to them and their authorised healthcare providers. Medicare Locals must ensure that supported after hours services use the PCEHR system for consumers who have given consent to do so.

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## 6. Stage two planning and implementation

From 1 July 2013, Medicare Locals will administer additional funding to further improve access to after hours care within their region. This process will build on the stage one plan and consider the long term after hours needs of the entire region as opposed to focusing only on priority after hours gaps.

To progress this comprehensive approach, Medicare Locals will firstly be required to undertake an ongoing needs assessment of their region. Medicare Locals are to then use the findings from this ongoing needs assessment in conjunction with additional local research and careful consideration of the successes and weaknesses of approaches introduced during the first stage, to feed into the development of a comprehensive plan for the region. In developing their stage two plans, Medicare Locals are also required to work with key stakeholders in seeking the most regionally suitable ongoing approach for addressing after hours need. These approaches should consider integration with *healthdirect Australia* and planned eHealth enhancements, in particular the PCEHR system.

In addition to the further assessment and review of local after hours needs, Medicare Locals must evaluate the relevance and appropriateness of existing funding arrangements. If funded services no longer meet the Program Objectives, or no longer adhere to the Guiding Principles, the Medicare Local may consider discontinuation of funding. New arrangements should be considered regularly to improve patient outcomes in the after hours period.

The Department will develop detailed Guidelines to assist Medicare Locals to continue to assess need and develop approaches to meet comprehensive after hours arrangements. These Guidelines will be developed in collaboration with the first tranche of Medicare Locals and will be available by 1 July 2012.

## **7. Funding for Medicare Locals**

The Australian Government will provide each Medicare Local with funding to meet their after hours responsibilities. Funding will be provided on a non-competitive pro rata basis relevant to the time that the Medicare Local is established.

### **7.1. Funding for stage one needs assessment and plan**

Medicare Locals will each receive funding until 30 June 2013, to:

- conduct an initial needs assessment of their region to identify priority gaps in access to after hours primary care;
- develop a stage one plan to address priority after hours gaps within their region;
- oversee the implementation of the stage one plan;
- conduct ongoing needs assessments; and
- develop a stage two plan to meet the ongoing after hours needs of the region.

Any proportion of this funding that is not used to complete the above activities must be directed towards after hours service provision within the region in line with implementing the stage one plan. Funding must not be transferred to other Medicare Local projects that are not related to their after hours role.

### **7.2. Funding to implement the stage one plan**

Upon acceptance by the Department of the stage one plan, each Medicare Local will receive further funding to address priority gaps. The entirety of this funding must be directed towards service delivery and must not be used by Medicare Locals for the completion of the roles described above in Section 7.1 or for Medicare Local management support.

### **7.3. Funding to implement the stage two plan**

From 1 July 2013 each Medicare Local will receive additional funding to implement regional after hours approaches. The amount of this funding will reflect the after hours needs of each Medicare Local region.

### **7.4. Existing Australian Government funding arrangements**

After Hours Incentive payments through the PIP will cease from 1 July 2013. From this date, funding previously allocated to the PIP will be redirected through Medicare Locals to implement their stage two after hours plans.

Grants under the GPAH Program will no longer be offered after 1 July 2012. Until then, grants under the GPAH Program will be available only in those regions where Medicare Locals have not yet been established. All existing GPAH grants will be honoured.

Irrespective of whether they receive funding from a Medicare Local, eligible health professionals will continue to be able to access MBS items for after hours services as they do now. MBS rebates and billing arrangements will not be altered as part of this initiative.

## **7.5. Conditions of funding**

Australian Government funding will be provided to Medicare Locals through a standard Funding Agreement. This Agreement will set out the terms and conditions of the funding in detail. Each Medicare Local should ensure that they are familiar with and, where necessary, seek legal advice on, the terms and conditions of the proposed Funding Agreement to ensure that they are capable of meeting the Australian Government's requirements.

## **7.6. Limitations of funding**

Medicare Local may only use Australian Government funding for activities that directly relate to the needs assessment and the subsequent development and implementation of the stage one and/or stage two plan. Funding may not be used for any other purpose, including Medicare Local establishment costs or other core costs unrelated to their after hours responsibilities.

## **7.7. Performance and reporting requirements of Medicare Locals**

An evaluation framework will be established for the after hours provision of primary care. Medicare Locals will contribute to this and the broader monitoring and reporting requirements of National Health Reform. Regular reporting requirements will be centralised and standardised, focusing on achievements against the Program Objectives.

In order to enable the experiences of the first tranche of Medicare Locals to inform the development and establishment of subsequent Medicare Locals, the Department will work closely with them during their establishment phase.

## **7.8. Financial accountability and deliverables**

While a new performance reporting framework is being developed, Medicare Locals will be required to assess the impact of Australian Government funding on their after hours services in periodic expenditure and progress reports. Reporting requirements will be detailed in the Funding Agreement between the Australian Government and each Medicare Local.

## **8. Further Information**

### **8.1. Role of the Department of Health and Ageing**

The Department of Health and Ageing (the Department) will provide funding through a Funding Agreement to each Medicare Local to fulfill their after hours responsibilities. The Department will also compliance check and assess each plan. Further details on the role of the Department will be outlined in the Funding Agreement between the Department and each Medicare Local.

### **8.2. Taxation**

Medicare Locals are advised to carefully consider the likely taxation treatment of Australian Government funding as part of this Program. As a general principle, funding under this Program will be assessable as income where:

- it is received in relation to carrying on a business; and
- is not otherwise assessable as ordinary income (such as income from personal services, property and income from carrying on a business).

This may mean that unless Medicare Locals have tax exempt status, 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 funding from the Australian Government, Medicare Locals may wish to refer to the Australian Tax Office website at [www.ato.gov.au](http://www.ato.gov.au) However, all Medicare Locals are advised to seek independent advice on how funding would be treated for tax purposes.

### **8.3. Goods and Services Tax**

Funding amounts payable by the Australian Government are exclusive of Goods and Services Tax (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 Australian Government.

Where GST is payable, the Australian Government 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 Australian Government will increase the payment provided to the funding recipient to \$275,000. The GST inclusive amount will be reflected in any funding agreement. In the event GST is payable, the funding recipient will be required to provide the Australian Government with a valid tax invoice.

### **8.4. Additional information and contacts**

Additional information can be found at [www.yourhealth.gov.au](http://www.yourhealth.gov.au)

All correspondence with the Department in relation to these Guidelines should be directed to: [afterhoursreform@health.gov.au](mailto:afterhoursreform@health.gov.au)

## Glossary of Terms

Term	Definition
After hours period	<ul style="list-style-type: none"> <li>▪ Before 8:00am and after 6:00pm weekdays.</li> <li>▪ Before 8:00am and after 12:00pm Saturdays.</li> <li>▪ All day Sundays and public holidays.</li> </ul>
Direct Sourcing	In limited circumstances an invitation may be extended to a potential supplier (or suppliers) directly to submit tenders. This method can involve a Request for Tender, Quotation, Proposal or Expression of Interest etc.
Gap/priority gap	Priority areas or issues within a region where improved access to after hours primary care services is required immediately.
General Practice	The Royal Australian College of General Practitioners defines a general practice as a service that provides initial, continuing, comprehensive and coordinated medical care for individuals, families, and communities and which integrates biomedical, psychological, social and environmental understandings of health.
General Practitioner or GP	<p>General Practitioners include Fellows of the RACGP and the Australian College of Rural and Remote Medicine, vocationally registered general practitioners and medical practitioners undertaking approved training.</p> <p>General Practitioners will also include non-specialist medical practitioners, known as other medical practitioners, who provide non-referred services and are not technically GPs.</p>
General Practice After Hours (GPAH) Program	Grants administered by the Australian Government to support the viability of after hours GP services. GPAH grants will no longer be offered from 1 July 2012 as this role will be devolved to Medicare Locals.
<i>Healthdirect Australia</i>	<i>healthdirect Australia</i> is the collective trading name for the National Health Call Centre Network Limited (NHCCN Ltd) which provides access to health care triage, advice and information services. The new telephone-based GP advice service will be provided as an add-on to <i>healthdirect Australia</i> from 1 July 2011.
Local Hospital Networks (LHN)	Local Hospital Networks will be established across the country and paid directly by the Australian Government for each public hospital service they provide. They will be made up of a small group of hospitals that will work together to provide a range of hospital services and manage their own budgets.

Medicare Benefits Schedule (MBS)	Refers to the Medicare Benefits Schedule rebates for after hours consultations by GPs and other medical practitioners.
Needs Assessment	Process to identify after hours needs and issues in a Medicare Local region.
Open Sourcing/Open Tender	An open tender process involves publishing a request for tender and receiving all submissions delivered by the deadline.
Personally Controlled Electronic Health Record (PCEHR)	The PCEHR is an electronic record that will allow individuals and their approved healthcare providers to share important information about the individual's health care. The PCEHR system will provide the national infrastructure that will allow secure access to that information where and when it is needed. Australians will be able to register for a personal record from 1 July 2012.
Practice Incentives Program (PIP) After Hours Incentives	Refers to payments to encourage general practices to ensure after hours services for their patients. This will be discontinued from 1 July 2013 when funding responsibility for after hours services will be devolved to Medicare Locals.
Primary care/primary health care	Primary health care is first level care provided by a range of suitably trained health professionals and multi-disciplinary teams that are supported by integrated referral systems. Primary health care maximises community and individual self-reliance and involves collaboration and partnership with other sectors to promote public health.
Region	Refers to the area within a Medicare Local boundary.
Stage One Plan	Plan to address priority concerns in after hours primary care within a Medicare Local region to span the period to 30 June 2013.
Stage Two Plan	Plan to address the ongoing local after hours needs within a Medicare Local region which is to be implemented from 1 July 2013 and builds on the stage one plan.