

Medicare Locals

Application to establish a Medicare Local

ITA #: 248/1011

**Applications for Medicare Locals commencing in 2011
close:**

Tuesday, 5 April 2011
2pm AEST (local Canberra time)

ITA #: 249/1011

**Applications for Medicare Locals commencing in 2012
close:**

Tuesday, 19 July 2011
2pm AEST (local Canberra time)

- One (1) original, and four (4) copies of the application, and one (1) electronic version as a Word document (on a USB storage device, or a CD-Rom) must be lodged by hand, including by courier, to meet the closing date.
- Electronic copies of this Application Form can be found at www.yourhealth.gov.au and www.health.gov.au
- The application should be addressed as follows relevant to the first or second tranche:

**ITA #: 248/1011
Medicare Locals commencing 2011
Tender Box
Department of Health and Ageing
Ground Floor, Sirius Building
23 Furzer Street
WODEN ACT 2606**

**ITA #: 249/1011
Medicare Locals commencing 2012
Tender Box
Department of Health and Ageing
Ground Floor, Sirius Building
23 Furzer Street
WODEN ACT 2606**

Faxed, emailed or late applications will not be accepted.

Information for applicants

Before completing this Application Form, it is recommended that applicants read the *Guidelines for the establishment and initial operation of Medicare Locals and Information for applicants wishing to establish a Medicare Local* and consult the Medicare Locals boundaries for the location for which funding is sought which can be viewed at www.yourhealth.gov.au.

The application must:

- Be signed on the verification page;
- Be lodged at the Department's Tender Box by hand, including by courier, to meet the closing time deadline of 2pm (local Canberra time) on the date specified on the cover sheet of this application form – **late applications will not be accepted**;
- Provide details and responses at all required points in the Application Form;
- Include attachments as specified in the Application Form; and
- Include letters of support, where appropriate.

Notice to Applicants:

1. Each application must respond to the requirements of the ITA for the specific Medicare Local catchment for which funding is sought, including addressing each Selection Criterion and detailing how the proposed structures and services will achieve the Objectives as detailed in Section 1.2 of the *Guidelines for the establishment and initial operation of Medicare Locals and Information for applicants wishing to establish a Medicare Local*.
2. All applications will be checked for compliance with the mandatory requirements outlined below:
 - Applicants intending to apply for funding in more than one Medicare Local catchment must complete a separate application for each location:
 - Generic applications for more than one Medicare Local catchment will not be accepted; and
 - Applications must respond to the ITA requirements for each location and comprehensively detail how the proposed structures and services will meet specific local health needs and priorities and complement existing health services.
 - Applicants should note that Medicare Locals are to be established as independent companies limited by guarantee, managed by skills based boards. Applications proposing alternative arrangements will not be considered.
 - Applicants must clearly indicate the Medicare Local catchment that their proposal relates, according to the Medicare Local boundaries as published at www.yourhealth.gov.au and note that only one Medicare Local will be established in each of the identified catchments.
 - Applicants must ensure that they complete the application form check list. Any application that does not comply with any or all of the mandatory requirements will not be further assessed against the selection criteria for funding. It is the responsibility of each applicant to check that the mandatory requirements have been met.
3. Any application that does not comply with any or all of the mandatory requirements will not be further assessed against the selection criteria for funding.
4. It is the responsibility of each applicant to check that the mandatory requirements have been met.

5. Please include a statement with the application to indicate whether any elements of the application would be regarded as confidential and provide an explanation.
6. Please attach a statement declaring any conflict of interest, or potential conflict of interest that would exist if the applicant organisation and/or proposed partners received funding under the Medicare Locals Program.
7. Applications can be made by a single organisation or a group (eg. a partnership, joint venture or consortium) of organisations forming the independent company. Applications for Medicare Locals commencing in 2011 must be submitted by at least one current Division of General Practice. In the case of consortia, evidence of support of the proposal by all parties must be provided.
8. Applications will be assessed by a selection panel consisting of officers from the Department of Health and Ageing. Applicants should note that relevant sections of applications may also be assessed by independent financial advisors and legal advisors as deemed necessary. As part of the assessment process, the Department may also take into account information that has come to its knowledge in the normal course of departmental business, such as through previous program participation.

Contact for enquiries

All questions relating to the ITA should be addressed to:

Director
Medicare Locals Section
Policy Development Branch
Primary and Ambulatory Care Division
Department of Health and Ageing
Email: medicarelocal@health.gov.au .

The Commonwealth may post questions and their answers at www.yourhealth.gov.au without disclosing the source of the questions, or revealing any confidential applicant information.

VERIFICATION SHEET

VERIFICATION

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

..... / / 2011
(Signature of the principal officer submitting this application)

Name:

Position:

(AND, if applicable)

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

..... / / 2011
(Signature of the principal officer submitting this application)

Name:

Position:

APPLICANT DETAILS

Name of applicant:

Registered name (if applicable):

Trading name (if applicable):

ABN:

Organisation structure (note that each Medicare Local is expected to be a company limited by guarantee):

Applicant street address:

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

Contact person for this application:

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

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

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

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

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

Conflict of Interest:

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

- Yes. If a conflict of interest or potential conflict of interest exists, please attach a statement declaring the conflict.
- No

Confidentiality:

Are any elements of the application confidential?

- Yes. Provide an explanation and indicate the parts of the application are confidential.
- No

Medicare Local to which application relates:

What Medicare Local is this application is for?

- (As specified on www.yourhealth.gov.au)

SELECTION CRITERION 1

Demonstrated expertise and capacity to address the five Strategic Objectives for Medicare Locals specified below, for the selected catchment area including outlining:

- i. Activities currently undertaken and previous achievements which relate to each of the five strategic objectives;
- ii. How these activities can be extended and expanded to meet the needs of a modern primary health care system;
- iii. Demonstrated knowledge of the population base, health service architecture and infrastructure, utilisation and other demographic characteristics and health priorities in the proposed catchment area (this should indicate the evidence from which this knowledge is drawn);
- iv. A strategy for development of a population and health service plan to address need;
- v. Infrastructure already in place;
- vi. Capacity to collect and manage data as appropriate;
- vii. Strategies for ensuring appropriate accountability and transparency to the community; and
- viii. Indicative personnel and other resources to be allocated to deliver these activities.

Medicare Locals – Strategic Objectives

Objective 1: Improving the patient journey through developing integrated and coordinated services

To achieve this objective, Medicare Locals are expected to:

- i work to make the health system function seamlessly for patients, through links with Local Hospital Networks, so that primary health care is part of an integrated health system;*
- ii establish processes to engage effectively with patients, clinicians, Local Hospital Networks, local Lead Clinician Groups, once established, and other stakeholders to identify and remedy service gaps, and breakdowns in service integration and coordination;*
- iii work with patients and the local clinical community to develop, monitor and maintain high patient care standards and integrated and coordinated clinical pathways to improve access to services, including after-hours services and telehealth services, provided in the most appropriate setting, and connectedness between services in the local area; and*
- iv improve patient awareness of the availability of services by maintaining and ensuring access to relevant and current service directories.*

Objective 2: Provide support to clinicians and service providers to improve patient care

To achieve this objective, Medicare Locals are expected to:

- i proactively engage with practitioners across the spectrum of primary health care provision;*
- ii provide practice support to improve the uptake of best practice in primary health care;*
- iii integrate varied provider types and models of care to reflect optimal care coordination; and*
- iv assist primary health care providers to meet safety and quality standards of service delivery, including monitoring and providing feedback to providers on their performance.*

Objective 3: Identification of the health needs of local areas and development of locally-focused and responsive services

To achieve this objective, Medicare Locals are expected to have the appropriate expertise in data collection and analysis, and strategies and referral pathways to:

- i maintain a population health database including community health and wellbeing measures, provide input to population health profiles and Healthy Communities reports, and undertake population health needs assessment and planning;
- ii actively participate in the performance and accountability framework of the Government's reforms;
- iii undertake detailed analyses of primary health care service gaps and identify evidence-based strategies to improve health outcomes and the quality of service delivery in local area populations, including for disadvantaged or under-serviced population groups;
- iv conduct joint service planning with Local Hospital Networks and other appropriate organisations; and
- v facilitate a reduction in inappropriate or inefficient service utilisation and avoidable hospitalisations.

Objective 4: Facilitation of the implementation and successful performance of primary health care initiatives and programs

To achieve this objective, Medicare Locals are expected to:

- i improve the focus on prevention and early intervention in primary health care;
- ii improve service delivery, clinical efficiency and efficacy, and drive appropriate service utilisation;
- iii coordinate the delivery of local area primary health care reform initiatives; and
- iv ensure the seamless transition of programs and services from existing Divisions of General Practices operating within the local area, including transfer of funding, staffing and corporate knowledge.

Objective 5: Be efficient and accountable with strong governance and effective management.

To achieve this objective, Medicare Locals are expected to have:

- i appropriate company, board and senior management structures and processes – to manage risk, ensure compliance with all legal and fiduciary responsibilities, ensure financial viability and accountability, and to attract and retain essential skills across the extent of corporate and primary health care expertise;
- ii capacity to drive more efficient utilisation of health and administrative resources – including through contract management, resource allocation and acquittal, budget management, and contributing to efficiency and equity across service sectors in the local area;
- iii sufficient capacity and expertise to effectively and efficiently manage flexible funding to target services to their local community's specific needs;
- iv mechanisms to appropriately integrate information relating to clinical priorities and governance – including links with Local Hospital Networks and Local Lead Clinician Groups once established;
- v appropriate data collection, performance monitoring and reporting processes – including a commitment to participating in a nationally consistent performance framework and monitoring of definitive outcomes related to Medicare Locals' core business requirements;
- vi decision making processes that are responsive to local health care needs and accountable across the spectrum of the local community and primary health care providers; and
- vii capacity to remain flexible and responsive to evolving circumstances.

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

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SELECTION CRITERION 2

Proposed Governance and operational arrangements including:

- i. Details of the proposed legal/ corporate and organisational structures;**
- ii. Experience and skills expertise of the proposed Executive;**
- iii. A structure that recognises the diversity of clinicians and services within the modern primary health care sector;**
- iv. Structures that encourage and maintain local engagement and responsiveness;**
- v. A transition plan, including estimates of costs associated with transition activities;**
- vi. Strategy for ensuring appropriate clinical governance;**
- vii. Strategy, skills and expertise to manage flexible funding to target services to the local community's specific needs;**
- viii. Strategy for establishing effective linkages with other sectors and organisations including LHNs; and**
- ix. Strategy for ensuring community engagement and accountability.**

The assessment panel will have regard for the desired governance attributes, including broad community and health professional representation, as well as business management expertise; and strong clinical leadership.

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

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SELECTION CRITERION 3

The financial viability of the Medicare Local including:

- i. Demonstrated record in efficient and effective use of funds of each organisation covered by the proposal;
- ii. The experience and expertise of the organisation's proposed executive team to manage substantial public funds appropriately;
- iii. Current contractual arrangements.

Note that attachments are required for the completion of the application for Selection Criterion 3.

Evidence to substantiate the response to this criterion should be provided.

For example:

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

Insert the response to Selection Criterion 3 by typing directly into the application form below this point. There is no page limit and attachments are required for this criterion.

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SELECTION CRITERION 4

Demonstrated evidence of ability to engage with and form productive working relationships with key stakeholders, providing supporting evidence of any current partnerships and operational arrangements, and strategies to improve engagement with:

- i. Community Organisations;**
- ii. Aboriginal and Torres Strait Islander Health Organisations;**
- iii. Workforce Organisations;**
- iv. General Practice;**
- v. The broader primary health care sector; and**
- vi. Research Organisations.**

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

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SELECTION CRITERION 5

Strategies and ability to respond to local needs and emerging priorities, including Commonwealth priorities in Aboriginal and Torres Strait Islander Health, eHealth and telehealth, mental primary health care, aged care, population health and after hours primary health care.

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

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SELECTION CRITERION 6

Evidence of ability to build upon a sustained track record of high performance as a Division/s of General Practice or primary health care related organisation including:

- i. Driving improved outcomes and system change in general practice and primary health care through effective practice support;**
- ii. Improving e-health and information management infrastructure, including the use of data to improve preventive health and chronic disease management in clinical practice, to measure the effectiveness of health program delivery, and to inform population-based services planning and evaluation;**
- iii. Effective governance and corporate management;**
- iv. Demonstrating effective collaborative relationships with other agencies and service providers to achieve improved referral pathways, health service provision and/or outcomes, including a demonstrated culture of inclusion across the spectrum of primary health care service provision and local community engagement;**
- v. Demonstrating compliance with contractual obligations;**
- vi. Delivering sustained achievement and improvement against national performance indicators for Divisions of General Practice (where relevant) and associated programs; and**
- vii. Actively sharing expertise and resources with others to promote quality improvement and knowledge transfer across the primary care sector.**

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

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FINAL APPLICATION CHECKLIST

Before submitting your application, please ensure that you have:

- Read the *Guidelines for the establishment and initial operation of Medicare Locals and Information for applicants wishing to establish a Medicare Local* including the Mandatory Requirements and the Notice to Applicants; and
- All requirements included in this Application Form.

The application must be typed

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

- Signed Verification Sheet
- Applicant's Details
- Confidentiality provisions (if applicable)
- Declaration of any conflict of interest
- Letters of support
- Comprehensive response to all Selection Criteria
- Where available, attached audited profit and loss statements and financial statements as supporting evidence for Selection Criterion 3.

Final check:

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

Applications for Medicare Locals commencing in 2011 close at **2pm AEST (local Canberra time) on Tuesday, 5 April 2011.**

Applications for Medicare Locals commencing in 2012 close at **2pm AEST (local Canberra time) on Tuesday, 19 July 2011.**

Applications must be delivered by hand, including by courier, to:

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