

GP Super Clinics Hub and Spoke Service Delivery Models

Questions and Answers

What is the purpose of this paper?

The Department has received a number of enquiries seeking further clarification on how GP Super Clinic funding can be applied to hub and spoke and virtual service delivery models.

This paper defines the expected characteristics of a GP Super Clinic entity operating under a hub and spoke or virtual model for that model to attract Australian Government funding through the program. It does not define the potential range of collaborative or networking arrangements and interactions that may develop between GPs and health practitioners in the local community and the GP Super Clinic.

Please note the Australian Government does not intend to provide funding in a locality to a number of individual organisations or fund the refurbishment of a number of individual practices and facilities in a locality which are not part of the GP Super Clinic entity.

A. Hub and Spoke Service Delivery Model

What is a hub and spoke service delivery model in health care?

A hub and spoke model typically involves arrangements whereby one site acts as a principal base providing centralised support or activities to satellite sites which are connected to the principal site.

Hub and spoke arrangements can vary within the healthcare sector depending on the nature of the organisations involved and the types of services being provided.

Will the hub and spoke service delivery model be considered as part of the GP Super Clinics Program?

Yes, provided that certain parameters are met. The GP Super Clinics *National Program Guide* is not prescriptive and enables potential applicants to consider a range of service delivery models.

What are the parameters?

There are two considerations to the potential for developing a hub and spoke model for GP Super Clinic funding: the attendance of GPs in the GP Super Clinic; and the organisational characteristics of the GP Super Clinic entity.

Hub and spoke service delivery models are expected to meet certain criteria before being considered.

It is envisaged that in some places a GP Super Clinic may operate across a number of sites that are either new or established sites. Such an infrastructure arrangement might be called a hub and spoke model. The hub will be the principal site of operation and the spokes could be a range of satellite sites that are still managed by the lead organisation of the GP Super Clinic entity.

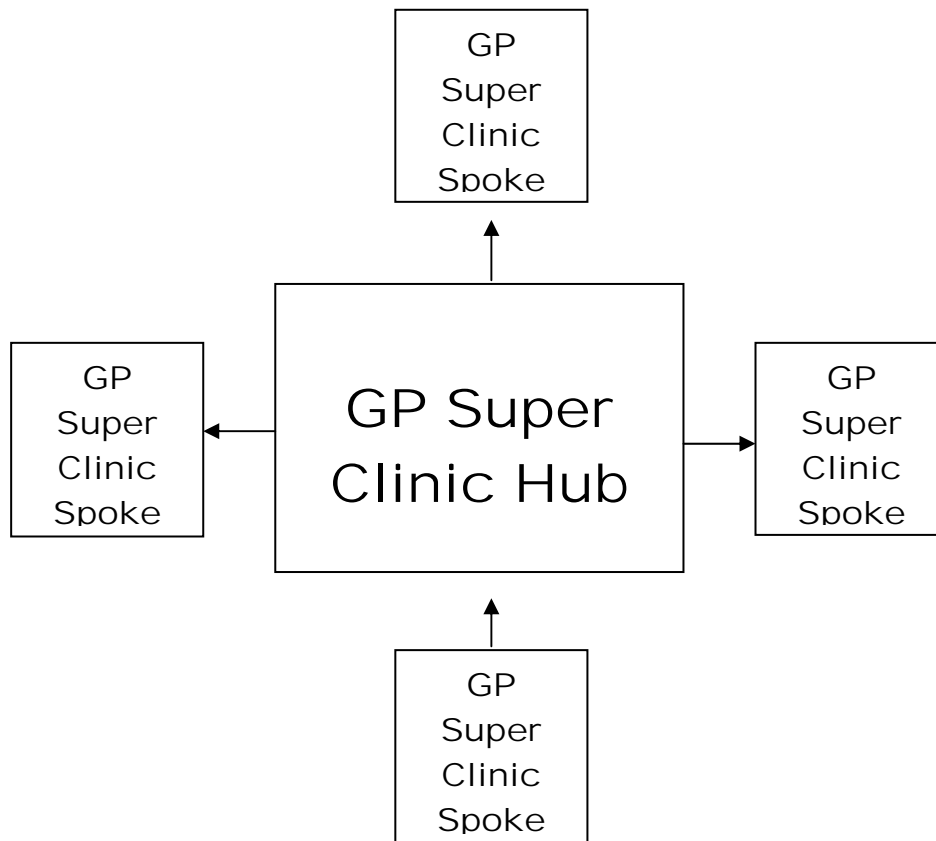
Where the hub and spoke model is based around this sort of infrastructure model, generally the following parameters will apply:

- There will be a lead organisation as the funding recipient;
- There will be an identified principal site and identified satellite sites;
- The principal site and satellite sites will be located within the local community identified for GP Super Clinic funding;
- The hub and spokes will have shared organisational and clinical governance;
- There will be common branding (including common business strategy); and
- There will be shared information management and information technology systems (or a demonstrated commitment to move towards such an arrangement). This includes:
 - Shared appointment and referral systems;
 - Shared telephony; and
 - Shared electronic health records.

Subject to these parameters, the GP Super Clinics Program hub and spoke models allow for opportunities for a range of arrangements, including (but not limited to) the following examples:

- Within the hub, allied health services, preventive and/or specialist clinics are provided; training and education opportunities may be offered; and administrative support only is provided to the GP Super Clinic spokes - which offer GP attendance services;
- In addition to the arrangements at example no.1, allied health services, preventive and/or specialist clinics are provided on an outreach basis to the GP Super Clinic spokes;
- Within the hub, part time or sessional GP attendance services - including potentially for training and education purposes - are provided in addition to examples no.1 or no.2;
- The range of services considered at examples no.1 and no. 2 are provided across the hub and spokes but the GP attendance times in the hub are full time; and
- Arrangements where, for example, a spoke of a hub and spoke GP Super Clinic focuses on providing a particular service (eg physiotherapy) as part of the GP Super Clinic.

A diagrammatical representation of the GP Super Clinic hub and spoke model is presented below.



B. Virtual Service Delivery Model

What is a virtual service delivery model in health care?

A virtual service delivery model involves arrangements whereby individuals and/or individual practices operate in a network to provide specific services and/or functions from separate sites within a community but communicate and work collaboratively with each other through common integrated information technology and information management systems.

Unlike the hub and spoke service delivery model, there is no identifiable principal base that supports the virtual network of GPs and other health practitioners.

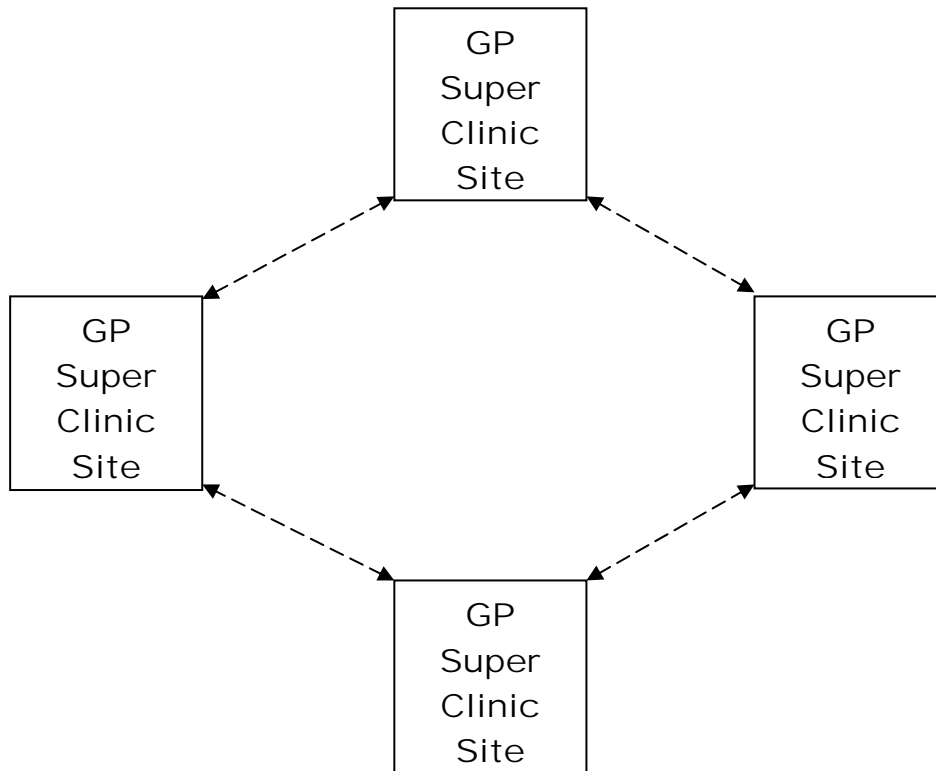
Will virtual business models and co-locations be considered?

Yes. Provided certain parameters are met:

- There will be a lead organisation as the funding recipient;
- The GP Super Clinic entity provides clinical services i.e. the functions of the entity cannot be limited to providing only administrative support;
- The GP Super Clinic entity will have common organisational and clinical governance across each of the sites;
- There will be common branding (including common business strategy);
- The GP Super Clinic entity will be located within the local community identified for GP Super Clinic funding; and

- There will be shared information management and information technology systems (or a demonstrated commitment to move towards such an arrangement). This includes:
 - Shared appointment and referral systems;
 - Shared telephony; and
 - Shared electronic health records.

A diagrammatical representation of the GP Super Clinic virtual business model is presented below.



In this model there are a variety of clinical service delivery options, but, movement between sites should be seamless for patients from a care coordination perspective.