

NSW Urgent Care Services Expressions of Interest (EOI)

Frequently Asked Questions (FAQs)

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What are the funding parameters available to set up an Urgent Care Service?

There is no specific funding parameters detailed as part of the EOI as this is the first phase of the service selection process. We are interested in understanding your estimate of budget required to expand an existing service or establish a new service and (as per the evaluation criteria) will be evaluating applications to understand the value of the proposed model in terms of:

- Resourcing required – existing or enhancement, staffing or goods and services, block or activity funding (where relevant), inclusion of reallocation or offset opportunities
- Volume of activity to be delivered
- Benefits and outcomes for patients, caregivers and the organisation

How long will funding be provided for this service?

Funding for Urgent Care Services will be until 30 June 2025.

When are services expected to commence operations?

This will depend on the pre-implementation planning activities you have deemed necessary prior to implementation. This will likely vary depending on whether it is an expansion of an existing service or establishment of a new Urgent Care Service. All services should be up and running by 30 June 2024 to allow 12 full months of operation.

Who will be notifying successful applicants, how and when?

Noting that this EOI process is only step one of the urgent care service selection process and the proximity to the end of the calendar year, the evaluation of applications will take place in early 2023. Discussion with Local Health District/Speciality Health Network (LHD/SHN) and Primary Health Networks who have applications that have been evaluated as suitable to move to the next round of discussion will occur in early 2023 following the initial evaluation.

Do applications need to encompass all five UCS areas?

No. Proposed services can encompass one or up to five of the UCS key areas – this just provides applicants with an indication of the type of services we will consider investing in.

Do I need to complete all attached forms to submit an EOI application?

Yes. All attachments must be completed and returned as part of your application. Supporting documentation will also be allowed (see next question).

Can attachments or other relevant documents be submitted to provide local

context for the EOI application?

Yes. Please submit all requested attachments as well as provide other relevant documentation to support your application.

Who is the contract provider for NSW UCS and who will be undertaking the contract management?

NSW Health will hold the contracts for the NSW Urgent Care Services

Are practices able to submit as a consortium to meet all of the EOI requirements?

Yes. We are interested in any and all of your innovative approaches to this work – this is in-line with our desire to deliver system reform in how patients access urgent care services in NSW

Are medical deputising services eligible to submit an EOI?

Yes

Is a specialist-led, multi-disciplinary team that includes GPs but is not a General Practice eligible to submit and EOI?

All applications will be considered eligible for prioritisation and submission as long as they meet all evaluation criteria outlined in the EOI document. Feasibility and sustainability of funding for specific models will be determined by the Ministry of Health. We are interested in any and all of your innovative approaches to this work – this is in-line with our desire to deliver system reform in how patients access urgent care services in NSW

Are a separate waiting room and entrance essential?

No. Not all Urgent Care Services will require a separate waiting room or entrance. The Urgent Care Service can include the provision of services that don't require a 'physical waiting room' such as virtual care and home or community care. There will be some models within the five areas of an UCS that would require this fit out and infrastructure, for example a dedicated Urgent Care Clinic. The reason for the question about the availability of a separate waiting room relates to being able to appropriately identify and fund urgent care services, particularly where there is close proximity to another service (e.g. GP) and there is a risk of double funding of the same episode of care.

How is "co-location" with pharmacy, medical imaging and pathology defined?

NSW Urgent Care Services will need to provide complete care for the episode with little need to refer a patient elsewhere. This will include ensuring on-site access to diagnostics such as radiology and pathology. 'On-site' refers to services that do not disadvantage or make it difficult for the patient to access (including proximity and opening hours).

If we are successful, will our Urgent Care Service be supported by relevant localised HealthPathways?

The goal of this work is to enable system reform in how patients access urgent care in NSW. That means we are also focused on how urgent care services link with other established care pathways and systems as we do not want urgent care to operate in a silo. We expect that you will provide us with an understanding of where you see your application works with or leverages what is already in place.

How can interested providers access relevant data to inform their proposal?

Interested providers should contact their PHN for additional information regarding data.

Will Urgent Care Services be included in Ambulance diversion protocols?

Yes

Will an Urgent Care Service be penalised if it still subsequently directs a patient to an ED if they cannot be managed satisfactorily onsite?

No. NSW Health would like Urgent Care Services to promote a single-entry point into our health system, in hope that this indicates there is “no wrong door”. While Urgent Care Services aim to improve patient outcomes and experience, there may be occasion where ongoing care and treatment will need to occur through an alternate service. NSW Health remains committed to co-designing our referral pathways with robust consumer engagement. Our expectation is that there is a continuous quality improvement process built into the service that regularly reviews patients who had to be referred to another service to ensure that this referral was appropriate and that the urgent care model was tweaked as required in response to these regular reviews.

Why are PIPQI, electronic share care planning tools and patient activation measurement tools relevant to this EOI?

They provide us with an understanding of the maturity of the practice in terms of integration and capability.

Will you accept use of data extraction and analytic tools other than PenCAT and Top Bar?

Yes – at the bottom of that particular question is a free text box with ‘other’ where you can provide information of IT systems in operation

For additional information please visit the NSW Urgent Care Services [webpage](#)