

**WESTERN SYDNEY
CARE COLLECTIVE
VALUE BASED
URGENT CARE**

**URGENT CARE SERVICE CENTRE
EXPRESSION OF INTEREST**

PROVIDING URGENT CARE IN WESTERN SYDNEY

An Urgent Care Service (UCS) centre provides community-based and patient-centred care to eligible patients with urgent non-life-threatening illnesses and injuries (ED triage category 4 & 5) who would have otherwise attended a Western Sydney Emergency Department (ED) to seek treatment.

UCS centres uniquely distinguish their services from usual care general practices as they provide short term, episodic care for non-life-threatening urgent conditions requiring same day assessment or treatment. Once a patient has been treated at a UCS, they will be discharged, and ongoing management and clinical care will be handed over to the patient's usual GP.

UCS centres also have extended hours of operation, appropriately trained doctors and nurses, walk-in availability, urgent care standards, access to a pooled network of resources and can streamline referrals into Healthcare Neighbourhood (HCN) providers.

To allow a wider range of practices to be able to participate as UCS centres, services will be aligned based on a tiered structure:



Urgent Care Service - Level 1

Most of the infrastructure and resources required to treat conditions within a Level 1 UCS already exist as part of delivering standard GP care. This includes wound management (suturing, stitching, wound incision and drainage, bandaging) and basic fracture management (backslab, slings and aid/equipment prescribing).



Urgent Care Service - Level 2

Level 2 UCSs provide an extension to the services provided at UCS Level 1 sites. This includes the ability to insert intravenous lines and catheters to allow for IV antibiotics, infusions and catheter changes.

BECOMING AN URGENT CARE SERVICE CENTRE

We are delighted that you have chosen to express your interest to become an Urgent Care Service (UCS) centre.

Before completing this Urgent Care Service Centre EOI form please review the **Urgent Care Service Centre Prospectus**.

If you have any questions about becoming an Urgent Care Service (UCS) centre or the EOI process, please contact wscarecollective@wentwest.com.au

PRACTICE DETAILS

| | |
|--------------------------|--|
| Practice name | |
| Address | |
| Email | |
| Phone | |
| Operating hours and days | |
| Practice Manager name | |
| Principal GP name* | |

* Note: This EOI form should be completed by the Principal GP/GPs or person nominated by the Principal GP/GPs.

WHY DO YOU WANT TO BECOME AN URGENT CARE SERVICE CENTRE?

Please share with us what has inspired you to want to become an Urgent Care Service centre?

| | | |
|--------------------------------------------------------------------|---------|---------|
| | | |
| What level of Urgent Care Service are you interested in providing? | Level 1 | Level 2 |

YOUR PRACTICE (please tick all that apply)

| | | | |
|---------------------------------------------------------------|---------|------------------|-------|
| Billing | Private | Bulk-Billing | Mixed |
| Appointments | Walk in | Appointment only | Mixed |
| Do you have the capacity to: | | | |
| • Accept new patients | Yes | | No |
| • Accomodate walk in patients | Yes | | No |
| What is your usual wait time for next available appointments? | | | |
| Are you registered for PIPQI? | Yes | | No |

| | | |
|----------------------------------------------------------------------------------|---------------------------------------------|----|
| Are you an accredited practice? | Yes | No |
| | If yes, what was the date of accreditation? | |
| Are you participating in WentWest's Patient Centred Medical Home (PCMH) program? | Yes | No |
| Are you participating in Lumos? | Yes | No |

WORKFORCE - YOUR PRACTICE TEAM

| | | | |
|-----------------------------------------------------------------------------------------|-----|----|-------------------------------|
| Administrative staff | Yes | No | FTE: |
| Medical Practice Assistant | Yes | No | FTE: |
| Practice Manager | Yes | No | FTE: |
| Practice Nurse | Yes | No | FTE: |
| General Practice Pharmacist | Yes | No | FTE: |
| General Practitioners - Owners/Partners | | | FTE: |
| General Practitioners - Employed/Contracted | | | FTE: |
| General Practitioners - Registrars | | | <input type="checkbox"/> FTE: |
| Do you have access to both male and female GPs that could work within the UCS centre? | Yes | No | |
| How many of your health professionals have ED experience? | | | |
| Do you have co-located allied health providers? | Yes | No | |
| If yes, please list (i.e., psychologist, dietician etc.) | | | |
| Do you have a co-located Pharmacy? | Yes | No | |
| Do you have co-located diagnostic imaging services such as X-ray, CT and/or ultrasound? | Yes | No | |
| Do you have co-located pathology services? | Yes | No | |
| Do you have any other co-located health service providers? (Please list) | | | |
| Do you hold regular practice team/clinical meetings? | Yes | No | |
| If yes, what is the frequency of your team/clinical meetings? | | | |

YOUR PRACTICE (please tick all that apply)

Do you have cultural competency policies, practices and training in place for staff?

Yes

No

If yes, please provide supporting examples and documents.

Do you have the ability to identify and address the needs of the Aboriginal and Torres Strait Islander community?

Yes

No

If yes, please elaborate on how you do this.

Do you have the ability to identify and address the needs of the culturally and linguistically diverse (CALD) community?

Yes

No

If yes, please elaborate on how you do this.

PRACTICE FACILITIES

Do you have a treatment room?

Yes

No

If so, how many? Please provide information around number of beds and size of rooms.

How many waiting rooms do you have?

Do you have the capacity to separate out your usual waiting room from the Urgent Care Service waiting room?

Yes

No

| | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Do you have the capacity to have a separate entrance for Urgent Care Service centre patients? | Yes | No |
| Can this separate entrance facilitate ambulance and gurney access? | Yes | No |
| What are your current after-hours processes? | | |
| Are you undertaking telehealth consultations? (video conferencing) | Yes | No |
| Do you provide e-prescriptions? | Yes | No |
| Do you store medicines/drugs on site? | Yes | No |
| Please specify? (e.g., S4/S8 drugs) | | |
| Do you have a vaccine accredited refrigerator? | Yes | No |
| Do you currently have consumables/equipment that can be used for treating urgent care conditions? | Yes | No |
| Please specify which consumables/equipment you have (e.g., ECG machine, defibrillator, shock, IV lines, slings, moon boots etc). | | |

SYSTEMS AND IT INFRASTRUCTURE

Which clinical management system do you use in your practice?

| | | | |
|------------------------------------------------------------------------|------------------------------|--------------------|--------------------------|
| Best Practice Version: | Medical Director Version: | ZedMed Version: | Other Please Specify: |
| Do you have an online booking system? | Yes | No | |
| | If yes, please specify | | |
| Are you listed in the National Health Service Directory (NHSD)? | Yes | No | |
| PenCAT | Yes | No | |
| TopBar | Yes | No | |
| Electronic Shared Care Planning | Yes | No | |

| | If yes, please specify | |
|----------------------------------------------------------------------|------------------------|----|
| Risk Stratification | Yes | No |
| Data Visualisation i.e., QLIK Sense | Yes | No |
| GoShare | Yes | No |
| Patient Reported Experience Measures/Survey/ Focus Groups | Yes | No |
| Patient Reported Outcome Measures | Yes | No |
| Patient Activation Measure Tool | Yes | No |
| Other (please specify) | | |

Please provide any other information you feel would support your application

Once completed, please return your EOI form to: wscarecollective@wentwest.com.au

FOR MORE INFORMATION:

Email: wscarecollective@wentwest.com.au

www.westernsydneycarecollective.com.au