Gold Coast Primary Health Network gratefully acknowledges the financial and other support from the Australian Government Department of Health.

Section 2 – Service Solutions

Outcome Sought

2.1 Background

In December 2019 Primary Health Networks were invited by the Commonwealth Government to submit a tender application to participate in a wound management pilot grant opportunity. Gold Coast Primary Health Network application was informed by the GCPHN needs assessment and learnings from previous projects including wound management education and training programs and the Gold Coast Integrated Care program.

Despite substantial avoidable costs to the healthcare system, chronic wounds are an under-recognised issue in Australia. One reason is that chronic wounds are often considered complications of other comorbid conditions or a normal part of aging. Locally, the burden of chronic wounds is associated with significant health needs and continues to be formally identified as a priority issue in the 2019/2020 GCPHN Needs Assessment submitted to the Department of Health with particular reference to cellulitis and potentially preventable hospitalisations.

Key findings from the Gold Coast region needs assessment.

- In 2017-18, the total number of potentially preventable hospitalisations (PPH) for cellulitis was 1,848 - an **increase** of 14% from 2013-14[2].
- The rate of PPH for cellulitis of 281 per 100,000 people (age-standardised) was **higher** than the national average of 258[2].
- Amongst people aged 65 years or older, the rate of PPH for cellulitis of 762 per 100,000 was **higher** than the national average of 747[2].
- Amongst people aged under 65, the rate of PPH for cellulitis was 216 per 100,000, which is **higher** than the national average of 194[2].
- In 2017-18, the total number of PPH bed days for cellulitis was 6,229[2].
- From January 2018 to December 2019, 470 individuals were **transported from Residential Aged Care Facilities** to Gold Coast Public Hospital Emergency Departments for wound management. There were 304 presentations for cellulitis, 52 for skin ulcers, 35 for deep venous thrombosis and 27 for tears of skin[3].

A review of local wound care delivery in 2017 identified significant skills and knowledge gaps within and outside the Gold Coast Hospital and Health Service (GCHHS). These gaps lead to increased pressure on current wound services because of inappropriate referrals, increased length of hospital admissions and significant costs.

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[1] Solutions to the Chronic Wounds problem in Australia: A Call To Action

[2] AIHW (Australian Institute of Health and Welfare) 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18. Cat. No. HPF 36. Canberra: AIHW.

[3] Gold Coast Health Emergency Department Presentations from Residential Aged Care Facilities, 2017-2018

2.2 The opportunity

GCPHN is seeking innovative service models for the delivery of evidence-based, nurse-led wound care team, working with the resident's usual General Practitioner, who will retain clinical governance, to meet the diverse needs of residents living in RACFs with wounds across the GCPHN region. The implementation phase will be a minimum of 12 months with the potential option for extension for a further 12 months dependent on the approach to implementation of the service model and approval by the Department of Health.

The successful applicant will be required to provide an implementation plan outlining how the service will be implemented. It is expected that the application will include how you plan to manage service demand and prioritisation of referrals to ensure the people with the greatest need gain timely access to the service

GCPHN encourages flexible models of delivery that increases access to wound care for residents, such as building capacity of RACFs services to identify appropriate residents, utilise digital health options, and increase workforce capability where possible. The service model should build on learnings from the outcomes of the co-design processes to date.

This RFP provides a framework for you to develop service solutions to achieve the outcomes identified in 2.3. All models are required to have a strong evidence base, demonstrate robust clinical governance mechanisms and relevant industry experience; all of which will be assessed in evaluating submissions.

2.3 Key objectives

GCPHN is working towards outcomes-based commissioning, which is values driven approach that aligns incentives to the coordinated delivery of outcomes for service users. This approach supports greater innovation, shifting from a prescriptive approach to procurement in which the PHN details how providers are required to deliver services (the how), to one that focuses on the desired outcome of the work to be performed (the what). This places the needs and outcomes of the consumer at the core of a service response. We require you as service providers to determine how you will provide services to achieve the outcomes detailed in this document. This means that a collaborative process is required between the successful provider and GCPHN so that each party can be confident in the service that will be commissioned.

Applicants are encouraged to consider how the service model will support an environment that reduces barriers to treatment, improve residents' outcomes and builds the confidence and capability of the RACF staff to support and treat residents with chronic and complex wounds. We know that there is no 'one size fits all' approach when providing services for people living with wounds, particularly those in residential aged care facilities and believe that the service model required will be one that:

- Is person centred
- Increases access and engagement in specialist wound care services
- Ensures collaborative multidisciplinary care between services provider, RACF services, GPs and other services
- Builds capacity of RACF service staff to identify, treat, support and refer people that would benefit from the service.

The service aims to meet a significant gap in service delivery for older people living in RACFs who are living with chronic and complex wounds. Key objectives of the service are;

- Improve health outcomes, reduce healing times and increase quality of life for residents living with complex or chronic wound including:
    - Reduce potentially preventable hospitalisations.
    - Improve access to specialist's support and wound care.
    - Provide flexible treatment to meet the needs of residents with chronic and complex wounds
    - Reduce barriers to accessing specialist wound care services and ensure equity of access across the Gold Coast region.

- Increase the wound management knowledge, skills and confidence gap of around 80-100 RACF staff.
- Develop a localised care pathway.
- Improve accuracy and reliability of clinical documentation.

2.4 Service components

The following table outlines the service components and the requirements required under each component.

	Scope statement	Deliverables
1	**Patient Centred Care**	
1.1	Provision of wound management services for residents in Residential Aged Care Facilities.	Assessment and support the development of individualised management plans that support the care of RACF residents living with chronic and complex wounds within RACFs.
1.2	Coordination of care across usual GP, RACF staff and other treating clinicians including a local GP with special interest in wound care and hospital specialist services.	This Service is required to work collaboratively with the GP that attends the RACF, RACF staff and other members of the resident's multidisciplinary team to ensure a comprehensive care plan is in place that supports transition/referral of residents to other services as appropriate. This Service is required to build capacity within the RACF through this work to enable early identification of eligible residents, response and referral, support for RACF staff and GP in the treatment of wounds.
1.3	Quality of Life activities.	Develop evaluation tools to support quality improvement.
2	**Learning and training**	
2.1	On-site mentoring and coaching to embed best practice within the specific RACF environment.	Delivery of education and training sessions and supporting staffing through mentoring and coaching wound care for individual clients
2.2	Support via telephone and secure electronic messaging.	Ensure RACF staff have access to the appropriate level of support required to support patients living with chronic and complex wounds within RACFs.
3	**Service design and planning**	
3.1	Development/adaptation of a local care pathway.	Schedule meeting(s) with stakeholders including General practice, Wounds Australia, Gold Coast Health, RACFs/NGOs to identify needs and develop the content for a local care pathway.
3.2	Development/adaptation of standardised guidelines, information and resources.	Schedule meeting(s) with stakeholders including General practice, Wounds Australia, Gold Coast Health, RACFs/NGOs to identify needs and develop standardised guidelines, information and resources.
3.3	Develop service specifications.	Work in partnership with GCPHN to develop service specifications including data collection, referral processes and reporting templates.