## Response Form

### Eligibility

To be eligible the applicant must be a primary health care provider who provides frequent services to Gold Coast RACFs or plans to service, with an average of 5 or more health care consultations per week. This is based on the average number of consultations by GPs in RACFs per week (Royal Commission into Age Care Quality and Safety, 2020 pg.6-7). This is a grant for unique primary health care providers including General Practitioners and Allied Health providers. Pharmacists and current GCPHN Commissioned service providers will be excluded. Responses will be evaluated against the grant conditions and if applicants are not deemed eligible or further information is required, the project team will communicate this via email.

### Primary Care Telehealth Support Grant terms and conditions

* The grant will be expected to improve video telehealth access for RACF residents on the Gold Coast.
* The grant is expected to be in accordance with identified activities indicated in grant application unless change is negotiated and approved by GCPHN.
* The grant application should consider workplace health and safety barriers, including COVID-19.
* The funds must be spent in accordance with specified timeframe, 2022-2023 financial year.
* Any unspent funds should be communicated to GCPHN to identify other purchases that would benefit facilitating video telehealth with RACF residents, and if cannot be spent, will be returned to GCPHN.
* GCPHN is not liable for purchases/costs incurred above the grant funding allocated.
* All financial records relating to the approved grant will be retained and be identifiable as per activities provided in the application. GCPHN may audit as required.
* GCPHN is not responsible for ongoing maintenance of any equipment purchased, this must be considered when purchasing.
* The grant expenditure will be reported by providing invoices by the end of June 30, 2023. This should outline what funds were utilised.
* The applicant will utilise the [Department of Health Telehealth checklist](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/F47F4FC1848FAEC2CA25855D008395C9/%24File/Factsheet-privacy-checklist-for-telehealth-services-20200804.pdf) to ensure they comply with their privacy obligations when delivering telehealth.
* Give permission for GCPHN to publicly release the name of successful grant recipients and amount awarded.
* Marketing, communication, media and promotion; successful applicants are required to follow the guideline located [here](https://www.healthygc.com.au/GCPHN/media/Site-Pages-Content/Opportunities%20and%20Tenders/Marketing-communication-media-and-promotion.pdf) which sets out marketing, communication, media and promotional standards for GCPHN commissioned services that have received funding from GCPHN. This is to ensure increased community awareness and uptake of the promoted service leading to improved health outcomes, consistency of messaging and branding and increased awareness and recognition of GCPHN services
* Provide a one-page acquittal report to GCPHN before 30th June 2023, including what was purchased, attendance in training courses and provide insight on the benefit of the investment and training and any good news stories including photos (where permission has been gained by all participants in photo) to be used by GCPHN for promotional purposes. This will be sent after 30 June 2023 and will need to be completed before 1 August 2023.
* Successful applicants agree to support and/or undertake video telehealth training/webinar sessions. This includes participation inat least one professional development opportunity that will promote best practice and ensure quality video telehealth consultations. GCPHN will promote opportunities from training providers that are approximately one hour in duration.

**Agree to grant contions and elgibility here:** [ ]  Yes I agree

### Provider information

|  |  |
| --- | --- |
| **Full name of applicant** |  |
| **Place of work (organisation name)**Eg- ABC Medical Practice  |  |
| **Profession Type-** eg podiatrist, GP  |  |
| **Name of RACF/s serviced (or plan to)**Eg- Burleigh Aged Care  |  |
| **Individual Phone number** |  |
| **Individual Email** |  |
| **I consent to be added to GCPHN Mailing List to receive regular updates and opportunities**  | **Please circle Yes /No** |
| **Business Information – This is details for health care provider, not per organisation.**  |
| **Legal Entity Name** |  |
| **Trading/Business Name** |  |
| **Australian Company Number (ACN)** |  |
| **Australian Business Number (ABN)**  |  |
| **Entity type**  | Association IncorporatedProprietary Limited (Pty Ltd) ***(delete as appropriate)***Public Company limited by guaranteePublic Company limited by sharesIndigenous CorporationPartnershipSole TraderOther incorporated entities (please specify)***Please upload your proof of Entity Type*** |
| **Physical Address** |  |
| **Mailing Address** ***(if different to above)*** |  |

### Application Response (in less than 100 words per question)

**Question 1**

|  |
| --- |
| How will the funds be spent?*Example (20 words)**To enable virtual consultations, a new laptop will be purchased to enable video telehealth from a home office of workplace.*  |
|  |

**Question 2**

|  |
| --- |
| Estimation of costs of equipment, technology or training courses planned. *Example: Laptop @ $1000, Laptop warranty $150, Extra screen $300, Power board with USB ports $60, Keypad and mouse wireless $140, Noise cancelling headphones with microphone $350 TOTAL= $2,000* |
|  |

**Question 3**

|  |
| --- |
| Outline how the funds will increase access to primary health care for RACF Residents via telehealth. The application should consider your commitment to quality improvement processes for telehealth, including willingness to utilise video consultations, as per best practice guidance.*Example: Purchasing the equipment will support me to facilitate telehealth from home and my usual work location, increasing my consultation availability. Using a laptop with a camera and a second screen, notes can be taken in the patient file, whilst on a video call. Participating in training will support me to use best practice guidance as to what can be done via telehealth and what should be completed onsite.*  |
|  |

**Question 4**

|  |
| --- |
| How will you, as a primary health care provider, communicate your increased video telehealth capabilities to RACFs?*I will communicate my increased ability to participate in video telehealth consultations to RACFs through email and face to face engagement with providers when onsite.* |
|  |

**Question 5**

|  |
| --- |
| Outline a proposed workflow process to support the implementation of video telehealth*Example: I will utilise calendar invites to RACFs, with a link to telehealth consultation and name of resident. Reminder emails will be set up to the facility on how to join, both the day before and morning of consultation. I will adapt the processes as required to support quality improvement.*  |
|  |

### Declaration

**Signed by applicant**

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Date** |  |

*Thank you for taking the time to complete this Response Form.*