

Priority Primary Care Centres Update

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Department
of Health

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The Victorian Government is establishing twenty-five new Priority Primary Care Centres in Victoria

The Victorian Government will establish 25 new GP-led Priority Primary Care Centres to give Victorians the care they need while easing pressure on our busy emergency departments (EDs).



Existing GP clinics will be commissioned to be PPCCs in partnership with Primary Health Networks, with locations based on consideration of population, community needs and emergency department demand.



The first five sites are now operational (funded for 15 months). The next 20 sites have been announced and commissioning for is underway – aim is for them to open by end of **2022**.



PPCCs will provide **short term care for urgent conditions (but not emergencies)** and refer patients back to existing GP or support them to identify a GP.



PPCCs aim to:

- reduce pressure on hospital emergency departments and so are partnered with health services
- support people to access urgent care closer to home

PPCCs are based on a hybrid funding model whereby the state provides an establishment grant and a monthly operational grant and patients consults are billed to the MBS.

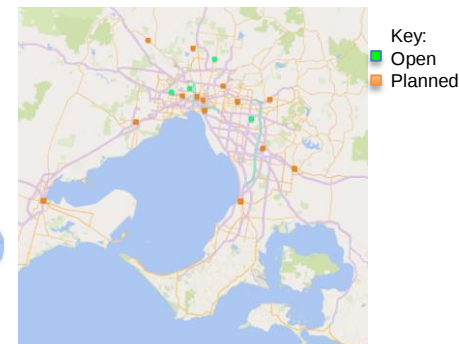
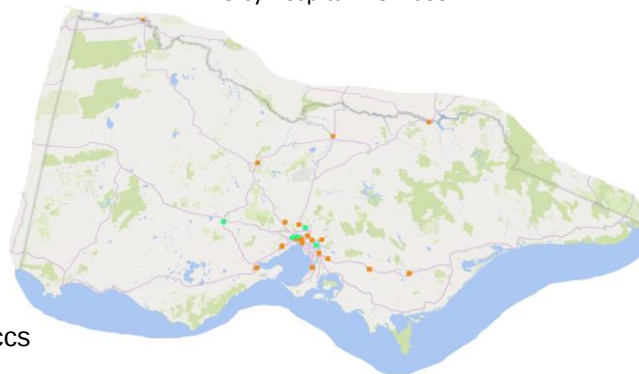
Five PPCCs are open and commissioning is underway for 20 additional sites

Since September, five PPCCs have opened and seen over 2,200 patients.

PPCC	Open	address
Epping PPCC , supporting Northern Hospital	26 Sept	Shop 216 Epping Plaza, 571-583 High St, Epping 3076
Glen Waverley PPCC , Supporting Monash Medical Centre Clayton	24 Oct	880 High St Rd, Glen Waverley VIC 3150
Moonee Ponds PPCC , supporting Royal Melbourne Hospital	7 Nov	Moonee Ponds Medical and Dental, 34/46 Holmes Rd, Moonee Ponds
Sunshine PPCC , supporting Sunshine Hospital	21 Oct	421 Ballarat Road, Sunshine VIC 3020
Ballarat PPCC , supporting Grampians Health Ballarat	31 Oct	UFS Medical, 4 Windemere St, Ballarat

The PHNs are administering EOIs (which have closed) for the remaining 20 sites:

1. Albury Wodonga Health (Wodonga)
2. Austin Hospital
3. Bendigo Health
4. Box Hill Hospital
5. Casey Hospital
6. Dandenong Hospital
7. Footscray Hospital
8. Frankston Hospital
9. Goulbourn Valley Health (Shepparton)
10. Latrobe Regional Hospital (Traralgon)
11. Maroondah Hospital
12. Mercy Hospital Werribee
13. Mildura Base Hospital
14. Royal Children's Hospital*
15. St Vincent's Hospital
16. The Alfred
17. University Hospital Geelong area
18. West Gippsland Healthcare Group (Warragul)
19. Northern Hospital - Craigieburn / Roxburgh Park (satellite clinic)
20. Royal Melbourne Hospital - Sunbury (satellite clinic)



Key:
■ Open
■ Planned

*EOI to be released shortly

The Victorian PPCC model will incorporate the following elements

Element	Features
 Infrastructure / facilities	Facilities to support patient management including private treatment rooms, appropriate waiting areas, suitable ambulance access, telehealth appointments.
 Accessibility	- Open extended hours (up to 16 hours a day), 7 days a week for a period of between 12 months and 15 months from commencement. - Pre-booked appointments (phone or online booking system), referrals and 'walk up' appointments.
 Staffing / workforce	- General practitioner(s), nurse (s) and reception staff (clinical staff to be AHPRA registered) - Accreditation against the RACGP standards for general practice and appropriate insurance
 Patient cohort	- Providing services to people with and without a Medicare card, no out of pocket costs to patients - Capacity and capability to treat diverse patient cohorts including vulnerable and at-risk populations
 Referral pathways	- Bi-directional referral pathways with ED and Ambulance Victoria - Discharge protocols with health services, AV, usual care practitioners and other services
 Ancillary services	Access to pathology, imaging including after hours and access to pharmacy

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Clinical reference group will provide advice and guidance to PPCCs and health services on the following:



Inclusion and exclusion criteria

Reviewing and determining criteria to determine conditions that are suitable for a PPCC including reviewing existing criteria from other jurisdictions



Referral protocols and pathways

Informing patient flow in and out of a PPCC including appropriate discharge to routine care as required



Practice scope/ requirements and training & development

Requirements for clinicians to successfully deliver the PPCC model and scope of care and maintain quality improvement
Recommended practice equipment and medication holdings



To support implementation the clinical reference group advice will be shared with local working groups (who can also request advice) and will be adapted to reflect local models and pathways.

PPCC Inclusions-Non exhaustive list

Theme	Sector message	
Infection	Non-septic cellulitis failing to respond to oral antibiotics Sexually Transmitted Infections	Cellulitis/abscesses Urinary Tract Infections
Injury	Lacerations/ Abrasions Minor burns Suspected fractures, sprains Sports injuries	Minor injuries Occupational health & workplace injuries Minor head injuries without LOC
Respiratory	Bronchitis Minor illnesses	
Gut	IV rehydration – gastritis, Food poisoning Constipation	Diarrhea hyperemesis
Ear Nose and Throat	Ear Nose Throat conditions	
Fainting or Fitting	After fitting and recovery to normal, all ages, not related to head injury	
Skin condition/allergy	skin infection	
Infants and Pregnancy	First trimester bleeding (mild) Paediatrics	Patients must have a level of independent mobility or someone to transport them AND: • An injury or illness that is suitable for management in a primary care setting • Requires same day review • Is unable to access GP and/or only option is to present to ED
Miscellaneous	Simple Dental pain Minor illnesses	

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Usual Care

If you have any condition that can wait several hours or days or any chronic or long-standing condition
> GP

Confirmed– PPCC exclusion criteria (non-exhaustive list)

Emergency

Life or limb threatening conditions >
call 000

Theme	Sector message	
Infection	Sepsis, septic cellulitis, Appendicitis	
Injury	Head, neck or back injury where fracture or intracranial haemorrhage is suspected. Haemorrhage that cannot be controlled Back injury with neurological abnormalities	Paediatrics with abdominal pain relating to trauma (any age) Head Injuries with LOC that have not returned to normal neurological function
Respiratory	Serious breathing difficulties	
Gut	Diverticulitis	Crohns
Ear Nose and Throat	Complication from surgery (contact surgeon)	
Fainting or Fitting	Unconscious collapse/falls with concurrent anticoagulant or antiplatelet use	Limp or floppy child, not responding.
Skin condition/allergy	Anaphylaxis, suspected meningococcal	
Infants and Pregnancy	Pregnancy issues post first trimester Suspected or confirmed ectopic pregnancy	
Miscellaneous	Complication from surgery (contact surgeon) Severe pain Unable to mobilise independently or unassisted/with aids Drug overdose	Administration of narcotic analgesia prior to arrival Requirement for ongoing Intravenous narcotic analgesia Unstable or complex mental health issues Not managing at home/likely to be admitted Bariatric (> 200kg)

Monitoring and evaluation

Monitoring of the initiative

- De-identified patient level data is being collected to understand PPCC utilisation and patient pathways (e.g. to and from EDs, ambulance)
- This data is being extracted from practice management software
- Patient surveys

Evaluation

- A formal evaluation of the PPCC initiative will be undertaken from early 2023
- This will involve assessing the effectiveness of the initiative in producing change (outcome evaluation) and understanding how these outcomes were achieved (process evaluation)