



Expression of Interest for the selection of General Practices to participate in the Southern Health Care Home Programme, Tranche One



HEALTH CARE HOME

Issue Date: 16 April 2018

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SECTION 1: INVITATION

Southern district general practices are invited to submit an Expression of Interest (Eoi) to enter the Southern Health Care Home (HCH) programme. The Health Care Home model of care aims to improve efficiency, better manage acute demand, and provide better proactive and preventive care through the delivery of patient-centred services. The model of care is outlined in this document.

The HCH programme is a partnership between WellSouth Primary Health Network (WellSouth) and the Southern District Health Board (SDHB). The HCH programme has been developed by these partners, building on the HCH experience of other New Zealand districts. The HCH programme is governed by an HCH Steering Group representing WellSouth and SDHB.

Practices that are successful in the Eoi selection process, in return for implementing the HCH model of care, will be eligible for additional funding and other support for three years post-selection, subject to meeting mutually agreed goals.

This Eoi is for tranche one of a multi-tranche programme. There will be a phased roll-out of the HCH model with the number of tranche one practices limited by the capacity of the change management team and the funding allocated.

Practices submitting an Eoi who meet the evaluation criteria will be offered the opportunity to participate in later HCH tranches – the intention is all practices in the district who apply and meet the criteria will be offered the opportunity to participate in HCH on an equal basis over the next five years. All Southern practices will continue to be supported by WellSouth, including, but not limited to, via:

- existing WellSouth programmes
- the Client-led Integrated Care (CLIC) initiative
- the implementation of Primary Options for Acute Care (POAC) services
- clinical support services
- technology, including patient portal adoption.

Practices should indicate in question 6, Appendix 3 of their Eoi response the nature of any intended collaboration with another practice in support of their application. The intent of this is to identify operational efficiencies for the HCH programme that could enhance the programme's ability to support more practices in this tranche.

Please check Section 8.1 regarding material that must be provided and certifications that must be made in a response before proceeding further. The process for assessing proposals is set out in Section 8.6.

Key Dates for Expression of Interest

Eoi release date	20 April 2018
Deadline for questions about Eoi	11 May 2018, 1pm
Final date for submitting Eoi for tranche one	Friday 18 May 2018, 5pm
Interviews with shortlisted practices completed by	15 June 2018
Final date for notification of outcome of Eoi	2 July 2018

SECTION 2: RATIONALE AND BACKGROUND

For the purpose of understanding the rationale and background to this EoI, practices should familiarise themselves with the draft WellSouth and SDHB Primary and Community Care Strategy and Action Plan <https://wellsouth.nz/community/southern-primary-and-community-care-strategy-and-action-plan/> and the Health Care Home Model of Care Requirements¹ <https://wellsouth.nz/community/health-care-homes>.

The HCH programme is a core component of the Southern Primary and Community Care Strategy, both to help practices change their current model of care, and to enable related developments in the district by improving the capacity of general practice. HCH general practices will provide care that is accessible, coordinated, comprehensive, patient and whanau-centered, continuous and accountable. They will be supported by locality networks, community health hubs, and better integration with secondary care, enabled by technology. For some practices, implementing the HCH model of care may require a significant transformation of the way services are currently provided.

The HCH process is managed by a WellSouth HCH programme team, and governed for WellSouth and SDHB by a HCH Steering Group. The members of the Steering Group are the WellSouth Practice Network Director, WellSouth Nursing Director, and, Southern DHB Executive Director, Strategy, Primary and Community. The Steering Group receives clinical advice from the WellSouth Medical Director and Southern DHB Medical Director Strategy, Primary and Community.

The final decision on practices selected from this EoI will be determined by the Steering Group, with clinical advice as required.

¹ Note these Health Care Home requirements were released by the National Health Care Home Collaborative in July 2017 and are expected to be updated in October 2018.

SECTION 3: HEALTH CARE HOME SCOPE AND SERVICE REQUIREMENTS

Practices in the HCH programme will be required to work towards full implementation of the model of care, as set out in the Health Care Home Model of Care Requirements, over three years from selection as a health care home.

For the first three months of the HCH implementation phase (see Section 4), practices will be required to prioritise the Credentialing Criteria set out on page 23 of the Health Care Home Model of Care Requirements as these are key to successful HCH outcomes:

1. Practice Implementation Plan to achieve all Health Care Home indicators at level 4
2. Providing GP triage and offering alternatives to face to face care (eg telephone/video consults)
3. On the day appointment availability for triaged patients
4. Call management arrangements in place including monitoring call metrics
5. Extended hours (in accordance with practice plan)
6. Patient portal in place and activated users increasing according to implementation plan.

In order to work towards the model of care, practices will identify practice change goals and agree an annual Practice Implementation Plan. These goals and the annual plans take into account the context in which the practice operates. They provide the mechanism for reconciling the requirement for full implementation of the model of care with practice context. An important element of practice implementation plans will be how the HCH programme and the Client-led Integrated Care (CLIC) programme interface. WellSouth's working assumption is that the Proactive Care domain of the HCH model of care and CLIC will be closely linked.

It is important to note HCH is a quality improvement process and practices are committing to on-going improvement. The HCH programme team will work with practices to embed quality improvement methodologies into practices as part of HCH implementation.

3.1 Additional requirements

In addition to the model of care requirements, practices will:

1. Ensure HealthCloud Reporter software is installed in practice management systems, to enable WellSouth to access data to support the HCH programme
2. Ensure HealthOne access is in place for the practice
3. Implement the Vidhyo video conference system in order to participate in HCH processes by VC where feasible (for which WellSouth will cover the set up costs).

SECTION 4: OVERALL PROGRAMME PROCESS

Responding to this Eol is the first stage in the HCH process. The overall process is set out in this section; the three core phases are:

1. Eol and practice selection (complete by 2 July 2018)
2. Practice HCH establishment (approximately three months)
3. Practice HCH implementation (on-going post-establishment phase).

Stage 1: Eol

Eol release date	20 April 2018
Deadline for questions about Eol	11 May 2018, 1pm
Final date for submitting Eol for tranche one	Friday 18 May 2018, 5pm
Interviews with shortlisted practices completed by	15 June 2018
Final date for notification of outcome of Eol	2 July 2018

The Eol process will be as follows:

1. The HCH programme team are responsible for ensuring Expressions of Interest are evaluated for compliance with the Eol process, and for initially assessing applications against evaluation criteria.
2. Applications will then be shortlisted, with evaluation based on the Eol response.
3. A practice interview with shortlisted practices will then involve a detailed discussion of the Eol response with the practice's HCH change team set out in Appendix 3. Any additional matters relevant to this Eol for discussion at the interview will be advised to the practice in advance of the interview.
4. The programme team shall make a final recommendation to the HCH Steering Group, which shall make the final decision on practice selection.
5. Practices will be required to agree a contract with WellSouth for the establishment and implementation phases prior to the public notification of successful tranche one practices.

WellSouth expects approximately eight practices will be included in tranche one. Approximately three practices will be in a tranche 1a and five in a tranche 1b. Tranche 1a practices will need to comfortable that tranche 1a is, in part, an opportunity to improve the HCH process for tranche 1b and following tranches, and therefore to assist WellSouth with this improvement. Tranche 1b practices will be given an indicative start date at the time of public notification.

Practices submitting an Eol who meet the evaluation criteria and who are not part of tranche one will be offered the opportunity to participate in later HCH tranches – the intention is all practices in the district who apply and meet the criteria will be offered the opportunity to participate in HCH on an equal basis over the next five years.

Stage 2: Practice HCH establishment

The establishment phase is for all selected practices in a tranche. It is expected to take approximately three months. It provides background for all staff and develops knowledge and skills in the HCH change team. The outcomes of this phase are HCH goals supported by all the practice, and a Practice Implementation Plan agreed between the practice and the HCH Steering Group.

Participation in the following activities is mandatory, with funding provided to cover staff time (see Section 6). The activities will occur in the order set out below, with peer support on an on-going basis.

HCH 101

A one hour meeting in practice with all practice staff to outline the HCH background, rationale, and model of care requirements.

Workshops

Four half-day workshops for the practice change team to provide the knowledge and training needed to progress their implementation plan. The workshops are:

- GP triage and telephony (as per the Credentialing Criteria)
- patient portals (as per the Credentialing Criteria)
- change management and Lean (to guide practices through the impacts of change on their workforce, and Lean process design to help practices maximise the efficacy and efficiency of the practice environment)
- financial modelling (to help practices understand the financial implications of the HCH implementation plan, and to develop practice skill in the use of a financial modelling tool provided by the HCH programme).

Scoping the Gap

A two hour meeting between the programme team and the practice change team to review the model of care requirements and the practice's assessment of their maturity against the model of care service elements. Practices will be provided with a tool to complete this self-assessment ahead of the Scoping the Gap meeting.

Practice Implementation Plan

Practices will develop goals and a Practice Implementation Plan, using a provided template that includes the mandatory Credentialing Criteria. The programme team will be available to help develop this plan, but the practice is responsible for its content and progress against it. Plans will be agreed by the HCH Steering Group, following which practices will proceed to implementation.

Peer support

On-going networking opportunities with other tranche one practices, including support from a peer with significant HCH experience. Learning materials will be provided to the peer group.

Stage 3: Implementation

Practices with a Practice Implementation Plan agreed with the HCH Steering Group will move to the implementation phase, working to achieve the changes set out in the Practice Implementation Plan.

Practices will be funded for three years of implementation, less the establishment phase, and subject to meeting their Practice Implementation Plan targets (the criteria for determining if these targets are met will be mutually agreed).

Throughout the HCH process, practices will work to implement changes outlined in their plan. HCH practices will receive support from the HCH programme team, as well as funding for practice staff time (see Sections 5 and 6 for further details).

As part of its membership of the New Zealand Health Care Home Collaborative, and with the RNZCGP, the Southern district is participating in the development of a set of national HCH standards. Over the longer term, HCH practices will be offered the opportunity achieve accreditation against these standards to ensure consistent implementation of the HCH model nationally and to permit practices to benchmark themselves against peers. Practices will be required to meet the credentialing and certification criteria set out in the Health Care Home Model of Care Requirements.

SECTION 5: HEALTH CARE HOME PROGRAMME SUPPORT

WellSouth and SDHB are working collaboratively to support the HCH model. The following will be provided to successful tranche one practices.

Business and process modelling

Support for each practice to map current and future processes to quantify the financial impacts of the HCH model of care. This includes forecasting future workforce requirements, demand, revenue, expenses and time. This can also include consideration of the implications of a practice changing its business structure. Practices will be offered a financial modeling tool to help understand the financial effect of HCH, including the effect on staff time, with up to 12 hours of expert advice in the use of the tool over six months. The financial modeling workshop starts this work.

Quality improvement methodology

Quality improvement support and expertise will be provided to help practices identify opportunities for change and work through its impacts. The HCH programme team will also work with practice staff and consumers using a co-design approach to support the HCH transition.

Lean Facilitation

Lean process and design expertise will be provided to maximise the efficacy and efficiency of the practice environment. This will include providing expertise and advice regarding facility design changes if required.

Onsite support and problem solving

Regular meetings will be held with practices to assist with problem solving and implementing the local service elements.

Data

Support will be provided to develop a framework for the practice to monitor progress updates against key indicators. Practices will use data to identify opportunities for change and continuous improvement. This data will be shared with WellSouth.

Peer Support

Clinical and management peer groups will operate across HCHs to share challenges and solutions.

SECTION 6: FUNDING

Funding for tranche one practices supports the establishment and implementation phases.

Establishment Funding

\$12,500 + GST per practice to free up staff time as required for the establishment phase.

Up to \$10,000 + GST per practice (paid on actuals and subject to HCH programme team agreement) to provide for practice infrastructure changes necessary to kick-start the HCH process, for example Vidhyo set up costs, telephony or room changes.

Practices will be able to access up to 12 hours of expert support for the financial modeling tool over six months, if required.

Implementation Funding

Implementation funding is in two parts.

Health Care Home Funding

Once the establishment phase has been completed and a Practice Implementation Plan has been agreed to by the HCH Steering Group, \$8 + GST per enrolled service user per annum will be paid to each HCH practice as enhanced capitation funding, paid in monthly instalments.

Health Care Home funding will be available for a maximum of three years, less the establishment phase.

At Risk Funding

Subject to the practice meeting its annual Practice Implementation Plan targets, an additional \$8 + GST per enrolled service user per annum will be paid to each HCH practice, on the 20th of the month following the anniversary of the Practice Implementation Plan.

Practices that fail to meet the annual Practice Implementation Plan targets by the anniversary will be given an additional period of time to meet such targets (this does not imply an extension of the Health Care Home funding period).

In year one, at risk targets are likely to be process measures that align with the Practice Implementation Plan and Credentialing Criteria. In future years, more outcome-focused measures will be considered.

Detailed Establishment and Health Care Home Funding for Practices

Phase	Funding	Payment Date
Establishment Funding	\$12,500 + GST per practice for staff time for establishment phase.	50% paid on the 20th of the month following agreement of the HCH contract, and 50% paid on the 20 th of the month following HCH Steering Group agreement of the year one Practice Implementation Plan.
Establishment Funding	Up to \$10,000 + GST per practice for practice infrastructure to kick-start HCH process.	Paid on actuals on the 20 th of the month following HCH programme team approval of each item.
Health Care Home Funding	\$8 + GST per enrolled service user per annum as enhanced capitation.	Payment will be made in 12 monthly installments from the 20 th of the month following HCH Steering Group agreement of the year one Practice Implementation Plan.
At Risk Funding	\$8 + GST per enrolled service user per annum for meeting Practice Implementation Plan targets.	20 th of month following the anniversary of a Practice implementation Plan, subject to meeting Practice Implementation Plan targets. Payment is made in arrears.

Release time

It is expected that practices will use Establishment and Health Care Home funding to allow protected release time to for practice staff as required, including:

- The change team
- General practitioner, nursing and practice manager resource
- Management/owner support
- Patient/consumer involvement as required by the Model of Care Requirements.

SECTION 7: EVALUATION

Practice-level quality improvement goals will be agreed with practices as part of practice implementation plans. Data and service activity information to inform these goals and to contribute to population outcome reporting will be provided by HCH practices to the HCH programme team via HealthCloud Reporter and the WellSouth portal.

The effectiveness of the overall HCH programme will be tracked using the national HCH dataset (see the Health Care Home Model of Care Requirements). This dataset measures are currently being finalised by the National HCH Collaborative, using, in part, data sourced from the National Non-Admitted Patients Collection and the National Minimum Dataset.

National HCH dataset measures will be provided at a practice level, and this, along with the practice-specific measures, will be available for practice continuous quality improvement activity.

SECTION 8: EoI PROCESS, TERMS AND CONDITIONS

WellSouth is managing the Southern Health Care Home Programme Tranche One EoI process. By submitting a response to this EoI (a “Proposal”), the general practice (the “Respondent”) accepts they are bound by the EoI process, terms and conditions (“EoI Terms”) contained in this Section 8.

8.1 Preparing and Submitting a Proposal

Respondents must supply the following:

1. The Applicant’s identification form (Appendix 1)
2. The Applicant’s submission form and declaration of support by all business owners and permanent GPs and lead nurse (or equivalent) and practice manager (Appendix 2)
3. The Applicant’s written response to EoI questions (Appendix 3).

The Respondents must make the certifications set out in Appendix 2.

Each Respondent will:

1. Examine the EoI and any documents referenced in the EoI and any other information provided by WellSouth, and make all other investigations considered necessary before submitting a Proposal. WellSouth and Southern DHB accept no responsibility for any error or omission in this EoI or any associated documents.
2. Consider all risks, contingencies and other circumstances relating to the delivery of the Requirements and include adequate provision in its Proposal to manage such risks and contingencies.

8.2 Proposal Qualifications

Any qualifications to the EoI must be outlined in a covering letter included in your Proposal.

8.3 Contact Person

All enquiries regarding this EoI must be directed by email to the Contact Person:

Paul Rowe
Practice Network Director
WellSouth Primary Health Network
paul.rowe@wellsouth.org.nz

Please use the subject: HCH EoI

Respondents must not directly or indirectly approach any representative of the Southern DHB or WellSouth to solicit information concerning any aspect of the EoI. Only the Contact Person is authorised to communicate with Respondents regarding any aspect of this EoI. WellSouth or Southern DHB will not be bound by any statement, written or verbal, made by any person other than the Contact Person.

The Contact Person may at any time nominate another person to act on their behalf in regard to this EoI. Any person acting as such a nominee shall be deemed to be the Contact Person for the purposes of this EoI.

8.4 Respondent's Deadline for Questions

Questions about the EoI should be addressed to the Contact Person. WellSouth reserves the right to publish non-confidential and non-identifying questions and answers in relation to the EoI at <https://wellsouth.nz/community/health-care-homes>.

Respondents should seek clarification before the deadline for questions of **1pm on 11 May 2018**.

8.5 Submitting a Proposal

The closing time for submitting an EoI is **Friday 18 May 2018 at 5pm**.

The EoI may be submitted electronically via email or in a sealed envelope prominently marked "Expression of Interest for HCH" by the required closing time, as below. An acknowledgement of receipt will be sent to the contact email given in Appendix 1.

Postal Address:

Stuart Barson
WellSouth Primary Health Network
P O Box 218
Dunedin, 9054

Physical Address:

Level 1, 333 Princes Street, Dunedin

EoI responses submitted by email must be sent to:

stuart.barson@wellsouth.org.nz

"Subject: HCH EoI response from (*Practice Name*)"

Responses sent by email may use electronic signatures and scanned copies of original signing pages.

All EoI responses will be regarded as full and complete. If Respondents need to modify any part of an EoI response then the whole EoI must be re-submitted by 5pm 18 May, clearly identified as a re-submission.

8.6 Assessing Proposals

The final decision on practices selected in this EoI process will be determined by the HCH Steering Group, with clinical advice as required. The HCH programme team will make recommendations to the Steering Group, with external advice as required, and will assess all Proposals for compliance with the Terms and Conditions of this EoI.

Selected tranche one practices will be required to agree a contract with WellSouth for the establishment and implementation phases prior to the public notification of successful practices.

WellSouth may, at any time, request from any Respondent clarification of its Proposal as well as additional information about any aspect of its Proposal. WellSouth is not required to request the same clarification or information from each Respondent.

The Respondent must provide the clarification or additional information in the format requested within two working days of receiving the request.

Where a Respondent fails to respond adequately or within the required time to a request for clarification or additional information, WellSouth may cease evaluating the Respondent's Proposal and may eliminate the Proposal from the EoI process.

Evaluation and Shortlisting

The WellSouth HCH programme team will base its initial evaluation on Proposals and may adjust its evaluation of a Proposal following consideration of any clarification or additional information. In deciding which Respondent(s) to shortlist, if any, the WellSouth HCH programme team will take into account the results of the evaluation of each Proposal. Being shortlisted does not constitute acceptance of the Respondent's Proposal, or imply or create any obligation on WellSouth to enter into any agreement with the Respondent.

WellSouth may, at its discretion, shortlist all, some or none of the Proposals it receives.

Either party may discontinue negotiations at any time.

Shortlisted Respondent Interviews

The WellSouth HCH programme team (or nominees) will interview shortlisted Respondents in order to discuss in detail the Respondent's EoI. This must include the Respondent's HCH leads (including owner(s), manager(s) and clinical lead(s)).

This interview will form part of the assessment of the Respondent's EoI by the WellSouth HCH programme team and will therefore contribute to the programme team's final recommendation to the Steering Group. Any additional matters relevant to this EoI for discussion at the interview will be advised to the practice in advance of the interview.

8.7 Notification of Outcome

WellSouth will notify all Respondents of the outcome of this EoI by 2 July 2018. WellSouth will make public the name of any successful Respondent.

8.8 Costs of Participating in the EoI Process

Each Respondent will meet its own costs associated with the preparation and presentation of its Proposal and any negotiations.

8.9 Ownership of Documents

This EoI and its contents remain the property of WellSouth. All intellectual property rights in this EoI remain the property of WellSouth or its licensors.

WellSouth may request the immediate return or destruction of any or all EoI documents and any copies. Respondents must comply with any such request and confirm by email to the Contact Person they have done so within one working day of receiving any such request.

All documents forming a Proposal will, when delivered to WellSouth, become the property of WellSouth, other than material contained in the Proposal clearly identified by the Respondent as pre-existing or third party intellectual property.

8.10 No Binding Legal Relations

Neither the Eol, nor the Eol process, creates a process contract or any legal relationship between WellSouth and any Respondent, except in respect of:

1. the Respondent's declaration in its Proposal
2. the Respondent's statements, representations and/or warranties in its Proposal and in its correspondence and negotiations with WellSouth
3. these Eol Terms.

8.11 WellSouth's Additional Rights

Despite any other provision in this Eol, WellSouth may, on giving due notice to Respondents:

- i. amend, suspend, cancel and/or re-issue the Eol, or any part of the Eol
- ii. make any material change to the Eol (including any change to the timeline, requirements or evaluation approach) on the condition that Respondents are given a reasonable time within which to respond to the change.

Despite any other provision in the Eol WellSouth may:

- iii. accept a late Proposal if it is WellSouth's fault that it is received late;
- iv. in exceptional circumstances, accept a late Proposal where it considers that there is no material prejudice to other Respondents. WellSouth will not accept a late Proposal if it considers that there is risk of collusion on the part of a Respondent, or the Respondent may have knowledge of the content of any other Proposal;
- v. in exceptional circumstances, answer a question submitted after the deadline for questions, if applicable;
- vi. accept or reject all or any Proposals, or part of a Proposal;
- vii. accept or reject any non-compliant, non-conforming or alternative Proposal;
- viii. decide not to finally select any Respondent;
- ix. negotiate with any Respondent (whether or not to the exclusion of any other Respondent), at any time before or after selection of a preferred Respondent(s), if any, and upon any terms and conditions;
- x. provide or withhold from any Respondent information in relation to any question arising in relation to the Eol. Information will usually only be withheld if it is deemed unnecessary, is commercially sensitive to a Respondent, is inappropriate to supply at the time of the request, or cannot be released for legal reasons;
- xi. waive irregularities or requirements in or during the Eol process where it considers it appropriate and reasonable to do so;
- xii. re-advertise for proposals;
- xiii. decide to conduct or not to conduct reference checks or credit checks on any or all Respondent(s);
- xiv. seek clarification of any Proposal, and seek such clarification without necessarily seeking clarification of any other Proposal;
- xv. consider or reject, or not consider, any alternative Proposal or non-conforming Proposal;
- xvi. have comprehensive discussions with any preferred Respondent(s) to identify whether such Respondent(s) can enhance their Proposal(s);
- xvii. request a further round of revised or refined Proposals from any or all Respondent(s) to provide additional detail to WellSouth on any or all aspects of this Eol and to obtain enhancements to Proposals. For the avoidance of doubt, there is no obligation on

WellSouth to request revised or refined Proposals or to consider any revised or refined proposals received in response to such a request. WellSouth may select a preferred Respondent(s), if any, and proceed to finalise arrangements in relation to this EoI without requesting any revised or refined proposals; and
xviii. otherwise conduct this EoI as WellSouth sees fit.

SECTION 9: APPENDICES

1. The Respondent's identification form
2. The Respondent's submission form
3. Written response to Eol questions

APPENDIX 1: THE RESPONDENT'S IDENTIFICATION FORM

Delete italicised text

Practice Name	
Practice Contact Details	Address Telephone Email
Business Trading Name/Entity	
Number of Employees	<i>Number of FTE administrators, allied health, GPs and nurses</i>
Key Contact: name, position and contact details	

APPENDIX 2: THE RESPONDENT'S SUBMISSION FORM

Letter of support and signatures of all owners, permanent GPs, lead nurse (or equivalent) and practice manager.
Please include the following letter personalised to your practice, with signatures.

EXPRESSION OF INTEREST: HEALTH CARE HOME PRACTICE

Date _____

We are submitting our response on behalf of *[Practice name]* to the Southern Health Care Home Programme Tranche One Expression of Interest.

The undersigned duly authorised to represent the *[Practice Name]*, by signing this form, certifies/certify and declare(s) that the information contained in this Expression of Interest and its appendices is complete and correct in all its elements.

The undersigned certifies/certify that *[Practice Name]* is willing and ready to undergo a change process to implement all components of care that make up the HCH model of care.

The undersigned certifies/certify by submitting this Expression of Interest that *[Practice Name]*:

- Holds a current Contracted Provider Agreement with WellSouth Primary Health Network
- Currently has installed, or by this Expression of Interest gives explicit commitment to implement, HealthCloud Reporter software with their practice management system
- Has HealthOne access is in place for the practice
- Currently has installed, or by this Expression of Interest gives explicit commitment to implement, the Vidhyo video conference system
- That all members of the practice change team named in Appendix 3 are willing to act in this capacity.

Yours sincerely,

[name]

DECLARATION OF SUPPORT

Please add as many rows below as required.

Applicant's Name	Signature	Designation Owner/GP/Lead Nurse/Practice Manager	Date

The above signatories constitute all permanent General Practitioners and owners of the responding practice, and the lead nurse (or equivalent) and practice manager.

APPENDIX 3: WRITTEN RESPONSE TO EOI QUESTIONS

Written submission Please respond to the following questions. Use as much space as you require.	
1. Process of practice engagement	Describe how you have involved your whole practice to gain support for HCH. What actions have you taken to address any resistance to this change?
2. Rationale and goals	What benefits do you expect to realise for patients, staff and the practice through becoming a HCH? What are your goals for your patients, staff and practice? <i>Use the HCH Model of Care Requirements as a guide.</i>
3. Evidence of clinical leadership	Are all your clinicians ready to engage in a change process to implement the HCH model of care? What process have you followed as a practice to confirm this?
4. Evidence of owner support	Are all your owners ready to engage in a change process to implement the HCH model of care? What discussions have you had with practice owners about support and readiness to engage in a change process to implement the HCH model of care?
5. Evidence of management support	What discussions have you had as a practice to ensure management support and readiness to engage in a change process to implement the HCH model of care?
6. Support for Southern Primary and Community Care Strategy	Describe what activities you are engaged in, or would like to be engaged in, in support of the draft Southern Primary and Community Care Strategy Action Plan. Include here any intended collaboration with another practice for HCH.
7. Addressing inequities to benefit the highest need population	Using your practice data, quantify your high need groups. How would your highest need patients benefit from the HCH model?
8. Evidence of previous continuous quality improvement	Describe how the practice engages in continuous quality improvement and provide some examples (for example, work towards Cornerstone or national health targets).
9. Practice business model	Describe how the practices operates as a business. <i>eg Are GPs employees or are they independent contractors?</i> <i>Are their multiple business trading under a single practice name?</i> <i>How does capitation operate in the practice?</i>
10. Change team	HCH practices will be required to establish an internal change team of a GP, nurse and practice manager. Please name the practice change team.

QUESTIONS? paul.rowe@wellsouth.org.nz