SA Community Care

Framework to Guide the Allocation of SA Community Care Services

Purpose

SA Health requires a range of services that can be delivered as rapid-response, short, medium and occasionally long-term out of hospital care from community based service providers. The aim of these services is to support hospitals with patient flow and demand management by providing options for hospital avoidance and supported discharge, when deemed safe and clinically appropriate.

For several years, SA Health has funded theses services in the form of 2 programs - the Hospital Health Care @ Home Program and the SA Community Nursing Program. A review of the programs determined they be reconfigured into a single program - the new SA Community Care Program (SACC). Bringing the two programs into a single program will:

- enhance access to care pathways for consumers;
- improve continuity of care by consumers accessing a single program with a spectrum of services;
- enhance the efficient use of program resources and reduce waste;
- improve pricing competitiveness;
- increase the number of providers delivering the program to reflect changes to the community care sector since the previous procurement in 2013, and
- increase flexibility for the MRU when appointing service providers and access to more clearly delineated service types.

The objective of the recent procurement for SACC services was to establish a panel of providers. The procurement requested prospective providers to select service types they consider themselves capable and interested in providing. Prospective providers were able to select a range of options including selecting a single service, a combination of service types or to deliver the full range of services.

The procurement is now finalised and has resulted in a Provider Panel arrangement consisting of four providers with the capacity to deliver the program. The new SACC Provider Panel includes large providers with the workforce capability to meet higher volume services and smaller providers to deliver smaller volume services and/or specialised services. A panel arrangement is considered an effective mechanism to drive quality improvements, enhance client choice and allow competitive pricing.

SACC services are allocated via the Metropolitan Referral Unit (MRU) to the panel providers. This framework sets out the following steps to guide the MRU allocation of SACC services via the Provider Panel:

- Step 1: Allocation is based on Key Principles.
- Step 2: Key Allocation Requirements to assist MRU with matching allocation of service type to provider agencies are outlined.
- Step 3: A flow chart outlines how Provider Agencies can be potentially matched to each of the Service Types following the application of the principles and the key allocation requirements.

Step 1: Principles to guide the selection of providers on the SACC Community Care Program Provider Panel

The allocation of SACC services are to be based on the following principles:
- To utilise as many Providers as possible – this is to enhance patient choice and ensure fairness.
- To ensure safe and effective care in line with the consumers care plan and the National Safety and Quality Health Service Standards.
- Consumers have the option of a wide range of service options and providers.
- To recognise the opportunity to achieve optimal Value for Money for Community Care services.
- To ensure services are delivered in a consumer centred approach to home based care, responsive to clinically based care needs.
- To ensure selection of providers enables a culture of continuous improvement across the delivery of the services.

Step 2: Key allocation requirements to assist with determining how services can be allocated via the SA Community Care Provider Panel

Applying the above principles encourages the full use of all provider agencies delivering SACC services. However, to assist with refining the matching of SACC services with the four provider agencies, the following allocation requirements have been identified to ensure the optimal use of provider resources:
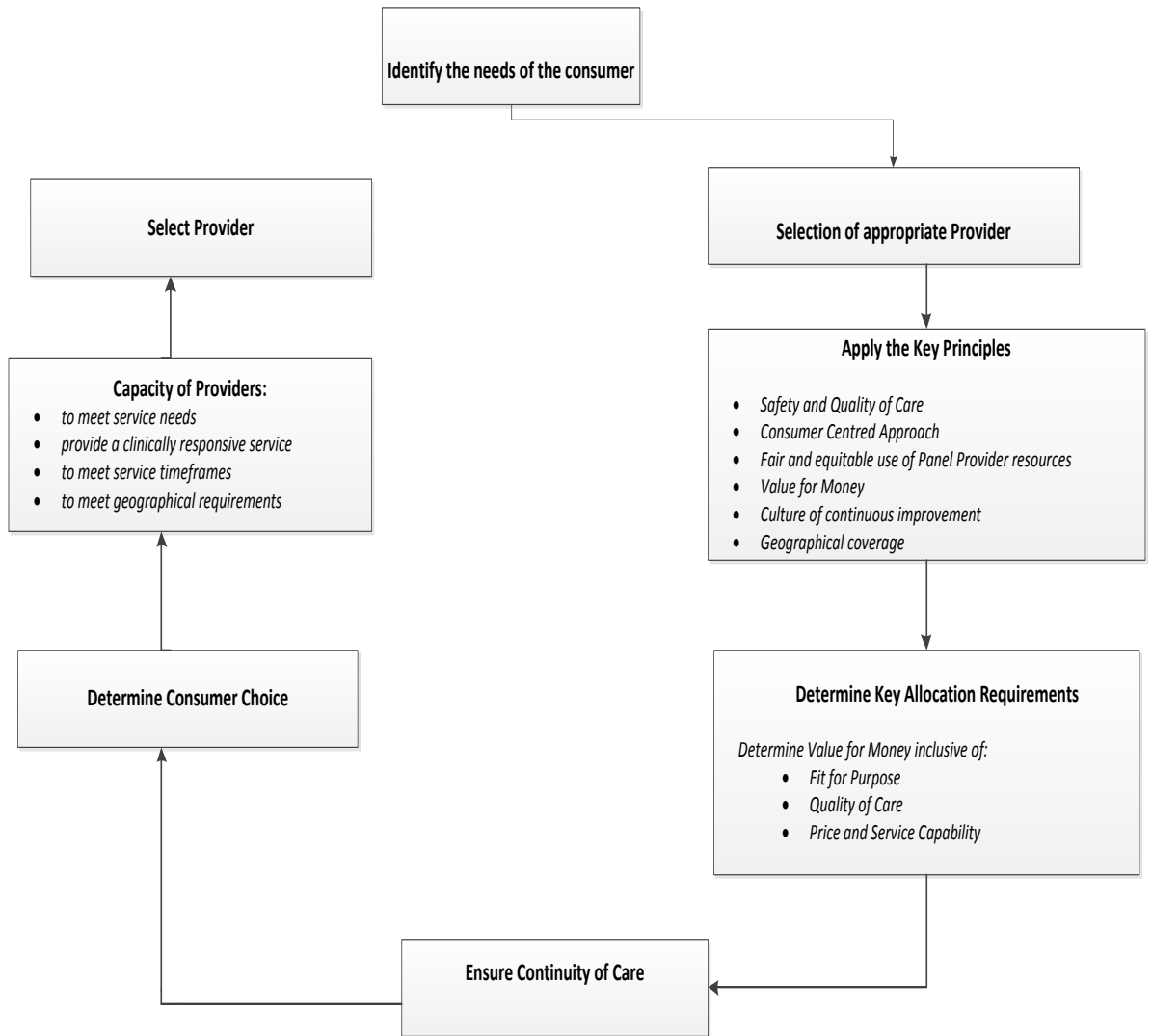- Value for Money
    - Value for Money is based on a range of factors relevant to the overall capacity of providers including fit for purpose, quality, whole of life costs, risks/opportunities, price, financial soundness, service capability and timeliness.
    - The Value of Money calculation provides a measure of the overall services offered to the SA Community Care Provider and is based on a formula in which the total cost is divided by the weighted score achieved by the provider as part of their application for SA Community Care Program services.
    - The provider representing the best value for money may be the preferred choice across various service types, taking into consideration overall care requirements.
- Continuity of care - consider the needs and preferences of clients in relation to services they are receiving from existing providers and discharge plans from the program.
- Ability of providers to deliver safe and effective clinical care.
- Consumer preference for choice of providers – does the consumer have a known preference for a provider.
- Ability of providers to meet service needs and timeframes, to provide clinically responsive services and to ensure geographical coverage.
- Preference of clinicians in determining the types and locations of services they seek to provide.

At all times, referrals are to reflect the principles and the service allocation considerations as outlined. For instance, in the case of the wound management service type, as there is a large volume of service provision associated with this service type, referrals should be made to all four panel providers, as they are all qualified to deliver this task and have also selected this task.

Step 3: Matching Provider Agencies with Service Types

Based on the outlined principles and the key considerations for matching service types to qualified provider agencies, the flowchart below outlines the methodology and steps for considering how allocations to providers can be enacted by the MRU.

Guide for allocation of Community Care Program Services

Identify the needs of the consumer

Selection of appropriate Provider

Apply the Key Principles

- *Safety and Quality of Care*
- *Consumer Centred Approach*
- *Fair and equitable use of Panel Provider resources*
- *Value for Money*
- *Culture of continuous improvement*
- *Geographical coverage*

Determine Key Allocation Requirements

Determine Value for Money inclusive of:
- *Fit for Purpose*
- *Quality of Care*
- *Price and Service Capability*

Ensure Continuity of Care

Select Provider

Capacity of Providers:
- *to meet service needs*
- *provide a clinically responsive service*
- *to meet service timeframes*
- *to meet geographical requirements*

Determine Consumer Choice

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