Business case

[ Enter Your Practice Name]

**Date:** Select a date

 [Use the italicised guidance throughout this template for help completing your business case.
You may wish to remove this text before you finalise your business case.]

# Key details

## Registration details

|  |  |
| --- | --- |
| **Practice name** Registered name. |  |
| **Australian business number (ABN)** |  |
| **Australian company number (ACN)**If a company. |  |

## Contact details

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Mobile |  |
| Email |  |
| Address |  |

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# Your Practice

##

|  |  |
| --- | --- |
| **Service Description**Tell us about your practice. |  |
| **Services currently provided**  |  |
| **Geographical area****MMA Classification**  |  |
| **Current Opening Hours** |  |

##

## Meeting the needs of our community

Please provide in detail how you intend to provide afterhours/urgent care.

Your response should address all the dot points in the “Services to be provided” in the GP After Hours Support Initiative Round 2 Guidelines (Urgent Care Services 2021).

|  |  |
| --- | --- |
| **Services to be provided**  |  |
| **Medical Conditions to be Safely Treated** |  |
| **Client Base**Eg support to aged care facilities, young families, Socioeconomically disadvantages, high levels of chronic disease |  |
| **Proposed Opening Hours** |  |
| **Supporting infrastructure** eg proximity to Pharmacies, X-Ray, Pathology, Allied Health |  |
| **Expected Benefits** |  |

### Implementation plan

| Milestones | Date | Details |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

#### Hospital Avoidance Co-Investment Fund Guidelines

Will you be applying for the Hospital Avoidance Co-Investment Fund to expand your facilities?

|  |
| --- |

#### Additional Equipment required

| **Equipment** | **Cost ($)** |
| --- | --- |
| [ECG Machine] | *[$3,000.00]* |
|  |  |
|  |  |
|  |  |

##

### Staffing Model and staff retention strategies

Include how you plan to provide the extra coverage. Include plans for staff absences eg sick leave/annual leave.

Do you have links with other practices in the area to assist with coverage?

| [Example: The GP in the next town will provide services on Wednesday nights, we have a contract for up to two nights a week at $140.00 per hour] |
| --- |

# The marketing

## Advertising and promotion

The channels we’ll use to communicate with our patients.

| **Channel** | **Used for** | **Details** |
| --- | --- | --- |
| Select a channel | [Example: Promotion prior to launch.] | [Example: We’ll use regular Facebook posts to promote new hours] |
| Select a channel |  |  |
| Select a channel |  |  |
| Select a channel |  |  |

# Risk management

## Risk assessment

Risks that could impact our business and what we’ll do to protect it.

| **Risk/impact description** | **Likelihood** | **What we’ll do to reduce this risk** |
| --- | --- | --- |
| [Example: COVID-19 outbreak effects face to face consultations.] | Select level | [Example: Strengthen online telehealth capability] |
|  | Select level |  |
|  | Select level |  |
|  | Select level |  |
|  | Select level |  |

#

# Finances

## Finance needed

Amount requested

| [Example: We are seeking a grant of $30,000 to purchase equipment and cover costs of administration] |
| --- |

## Estimated Cost of Expanded Service

| [Example: Staffing, Equipment etc] |
| --- |

## Fee Structure

| Includes fees for after hours, concession card holders, children etc |
| --- |