

**NATIONALLY FUNDED CENTRES  
GUIDANCE  
FOR  
GOVERNANCE, MANAGEMENT, FUNDING, ESTABLISHMENT, REVIEW**

**AUSTRALIAN HEALTH MINISTERS' ADVISORY COUNCIL**

**APRIL 2006**

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## **1.0: Background**

At the June 1990 Australian Health Ministers Conference (AHMC), Ministers endorsed a national policy for public sector provision of high cost highly specialised clinical practices and technologies (technology) with limited demand. This is the Nationally Funded Centres (NFC) Program.

## **2.0: Purpose of the Guidance**

The purpose of this Guidance is to provide information on the following:

- Governance, Management, Administration and Funding of the NFC Program;
- Nomination of a proposed NFC;
- Assessment of proposed NFCs;
- Establishment of new NFCs;
- Review of NFCs; and
- Cessation of NFC.

## **3.0: Program Objectives and Overview**

The objectives of the NFC Program are to ensure that:

- there is maximal access to certain high cost, low demand, new and emerging technologies regardless of geographical location, in the context of workforce and resource availability;
- these technologies are provided efficiently and effectively;
- requirements for high quality and safe introduction and ongoing provision of these technologies have been defined and implemented; and;
- health and cost outcomes of these technologies are monitored and evaluated.

For a technology to be considered for provision in a NFC, it must be an established clinical practice requiring a national population base for efficient and effective service provision.

The scope of technology eligible for consideration as a NFC includes devices, prostheses, techniques, skills or expertise (or personnel with particular skills or expertise) and/or procedures, or combinations of these.

High cost low demand pharmaceuticals are not eligible to be considered for a NFC program unless they are a component of care in the provision of a particular practice or technology.

Service delivery of technologies approved as NFC Programs may occur in one or more sites and is restricted to these sites.

Provision of some technologies in NFCs will be long term. With others, the duration will be shorter as the practice becomes diffused across the health system.

In some instances, approval to provide a technology in a NFC may be withdrawn due to evidence not available at the time of its approval.

Funding for NFCs is provided by state and territory jurisdictions according to a weighted population based formula based on an agreed price for each procedure.

NFCs will provide services to overseas residents only if to do so does not impair access for Australian residents. Overseas residents will be charged the full cost of the service subject to any reciprocal arrangements agreed with the overseas country.

#### **4.0: Governance, Management, Administration and Funding**

##### **4.1: Governance**

The Australian Health Minister's Advisory Council (AHMAC) has been appointed by the AHMC to oversee all aspects of the NFC Program and associated policy.

##### **4.2: Management and Administration**

The NFC Reference Group, established by AHMAC, is responsible for management of the NFC Program, for ensuring submissions for new NFCs are assessed (subsequent to approval by AHMAC) and that existing NFCs are reviewed every three years and at other times as indicated. The Reference Group also determines the annual budgets for NFCs.

The NFC Reference Group will include a representative from the Australian Government, and each State/Territory, and will meet as required. A nominee of MSAC and HealthPACT can attend NFC Reference Group meetings as observers.

Administration of the Program is undertaken by a host jurisdiction nominated by AHMAC.

An assessing body will be engaged by the NFC Reference Group on behalf of AHMAC to undertake reviews and assessments for proposed technologies/ clinical practices as required. The assessing body will provide recommendations to the NFC Secretariat on the establishment of new NFCs and continuation or cessation of existing NFCs on the basis of these assessments and reviews. The NFC Secretariat will provide a report to AHMAC based on consideration of the assessing body's recommendations.

The NFC Reference Group will ensure appropriate project management of the required assessments and reviews in consultation with the assessing body.

Key factors addressed are:

- timeliness of assessing body work plans; and
- progress reporting requirements; and
- communication arrangements to ensure issues can be addressed as they arise.

For further details of roles and responsibilities of various groups in relation to NFCs, refer Appendix One.

##### **4.3: Funding**

Funding is provided for the NFC Program by the state and territory jurisdictions, this includes funding for individual NFCs, the cost of the Secretariat and the cost of any relevant assessments and reviews.

The contribution from each jurisdiction is based on a population based formula.

The funding will be indexed annually by the Consumer Price Index plus 0.5%.

AHMC agreed that Nationally Funded Centres would be funded from a pool established by contributions from the Australian Department of Health and Ageing and across all States and Territories. However, the Department of Health and Ageing, since 1998, has broad-banded its contributions through the Australian Health Care Agreement.

The funds are pooled into a separate fund which is operated by the AHMAC Secretariat.

States and Territories will make payments to the AHMAC Secretariat which in turn pays those jurisdictions that are net recipients.

#### **4.4: Cost of Procedures and Services**

The cost of procedures will include costs for services spread across the predicted numbers of patients per annum. Initially costs will be determined, on the basis of the care pathways and costings provided in the submission for a new NFC, and taking account of the advice provided by the assessment body. For costing proforma refer to Appendix 2.

The costs may be provided as either:

- Costs of the entire episode of care calculated as an average of partial and completed episodes of care, or
- Costs separated at terminating points along the care pathway.

A clear definition of the start and end point for the episode of care of the individual NFC Program is required. This will include the inputs and costs associated with pre-care activities and the inputs and costs associated with any post treatment and follow-up care. If the projected costs are based upon historical data, this needs to be clearly identified.

At the time of assessment of the appropriateness of the technology for NFC status, consideration will be made in regard to:

- The elements of preliminary care which are regarded as highly specialised, high cost and/or need to be undertaken by the NFC team.
- The elements of post-care which are regarded as highly specialised, high cost and/or needing to be undertaken by the NFC team.

This will be taken into account of when the NFC Reference Group assesses funding.

Cost data is required from jurisdictions at two points:

- when nominating jurisdictions provide comprehensive submissions (refer section 5.2) and
- when jurisdictions provide information to support their expression of interest to host a site (refer section 5.5).

The NFC Reference Group will recommend to AHMAC the commissioning of a review of all NFC procedures three years after initial establishment. Future reviews will be every three years or earlier as required.

As part of these reviews costs and funding will be reviewed by the NFC Reference Group.

Costs and funding may be re-assessed at the request of the NFC Reference Group between reviews if change in clinical practice has resulted in significant cost increases to provide procedures.

The NFC Reference Group will proactively monitor prices for this purpose, as part of the annual reporting by NFC's.

Outside of the three year review process an NFC can request a review of the cost of a procedure where emerging technology has resulted in significant modifications to the treatment being provided which have increased the cost of providing that procedure.

A price review will be considered by the NFC Reference Group in the first instance with expert advice to be sought as required.

The outcome of a price review will be implemented by an adjustment to the next NFC annual budget to reflect revised prices where approved by the NFC Reference Group.

#### **4.5: Process for Annual Budget Determination and Disbursement of Funding**

The NFC budget is determined each year by the NFC Reference Group on the basis of activity estimates derived from trends in the previous year and future year activity estimates. Centres providing the same services and procedure type (e.g. same transplant procedure) will receive the same amount of funding in accordance with the agreed rate per procedure plus indexation.

The NFCs will be required to operate within their fixed budgets with no adjustments for variations in procedures within the current financial year. Any cost overruns are to be met by the state in which the NFC is located.

All jurisdictions will also be required to make a contribution towards the following:

- cost of the NFC Secretariat. The total contribution by all states and territories for the Secretariat will be \$50,000 per annum from 2004/05, indexed annually by CPI plus 0.5%.
- costs of assessments and reviews if required, unless funded by AHMAC.

The contribution from each State is based on the percentage of the weighted population of Australia.

The steps in budget determination, and funding allocation and disbursement are as follows:

##### **Step One**

In line with NFC annual reporting requirements by mid July each year, each NFC via its jurisdiction, will submit data on the actual number of procedures performed in the previous financial years and the estimated number of procedures to be performed in the current financial year. Refer Appendix 3.

### **Step Two**

Subject to the receipt of data, the NFC Secretariat will provide a consolidated draft budget to all Reference Group members by the end of July. The draft budget will include:

- the estimated number and type of procedures by State for the current year adjusted for the difference between the estimated and actual number of procedures performed in the previous year;
- the cost per procedure;
- payments to states with NFC sites for the current year;
- payments for assessments and reviews if required;
- payments for the NFC Secretariat; and
- the total of each State's contributions based on the weighted population formula.

### **Step Three**

Responses to the draft budget should be provided to the NFC Reference Group Secretariat as soon as possible following receipt of the draft budget or by mid August at the latest. This may be agreement to the draft budget or a request for justification of budget estimates for further consideration. All requests for additional information should be directed through the NFC Secretariat.

### **Step Four**

The NFC Reference Group meets at the end of August and agrees to the final budget details. The NFC Reference Group will provide an out of session briefing on the budget to AHMAC for noting.

### **Step Five**

In early September the NFC Secretariat requests the AHMAC Secretariat to send two invoices to all states and territories requesting their contribution for:

- The NFC approved sites and the cost of assessments and reviews if required; and
- The NFC Secretariat.

Jurisdictions hosting NFCs will be asked to pay the difference between what they should contribute and what they should receive as a NFC provider.

### **Step Six**

Jurisdictions will make their contributions by the end of September.

### **Step Seven**

The NFC Secretariat, through the AHMAC Secretariat, will make one annual payment to host jurisdictions in October of each year.

## **4.6 NFC Reporting Requirements**

NFCs will be required to provide annual reports by mid July each year on the following:

- Patient numbers and demographics
- Patient outcomes specific to and as agreed with individual NFC's
- Quality and safety indicators including
  - noscomial infection;
  - adverse clinical events;
  - unplanned readmission to intensive care;
  - unplanned readmission post discharge; and,
  - others specific to and agreed with individual NFC's

- Significant modifications to the treatment being provided by the NFC along with the cost implications and evidence to support these modifications; and,
- An update of the status of use of the technology and associated patient outcomes in international jurisdictions
- any changes in the initial estimation of demand for the service and reason for it.

The annual reports will inform if the approved number of patients for each NFC is justified. A balance will be sought between improving patient access and maintaining sufficient throughput at existing units to ensure maintenance of skills and efficiency in service provision.

The information will be provided in aggregate form.

A proforma for the above information is attached as appendix 3.

## **5.0: Establishment of new Nationally Funded Centres**

For summary of the nomination and assessment process, refer to the flow chart in appendix 4.

### ***5.1: Nomination of a proposed NFC***

The Australian Government, a State or Territory jurisdiction can forward submissions nominating a technology for NFC status to the NFC Reference Group. Submissions will not be received from individual clinicians or centres.

The focus of the nomination is for a proposed technology at this stage. If the technology is approved for NFC status, expressions of interest for a site will be called from jurisdictions

Joint jurisdictional nominations are encouraged but not mandatory.

The following information is required to be detailed **in no more than five pages**:

- **Description of the technology**  
A brief description of the technology and the clinical conditions for which the technology is applicable.
- **International and national practice**  
The extent to which the proposed technology is in practice, internationally, or in Australia. This should include an indication of the current utilisation of the technology and distribution of the service(s).
- **Benefits of the technology**  
A description of existing technologies that this nomination would replace and/or enhance. Include evidence of the benefits of the technology.
- **Estimation of the likely level of national demand**  
Provide an indication of the basis of the catchment population, by age and distribution.

A proforma outlining these requirements is provided at Appendix 5.

Nominations for new NFCs received by the NFC Secretariat after COB 30 June and before COB on the second Monday of December will be considered at the NFC Reference Group meeting in February the following year. Nominations for NFCs received after COB of the second Monday of December and prior to COB 30 June will be considered at the NFC Reference Group meeting in August of that year.

The NFC Reference Group will:

- review documentation;
- comment on the proposal;
- provide information to contribute to assessment of the technology;
- provide information on treatments that could be compared with, or substitute for, the technology / clinical practice proposed to be a NFC; and
- make recommendations to AHMAC.

If information is provided that indicates that the technology is not appropriate for a more detailed assessment for a NFC, and there is agreement from the nominating jurisdiction, the nomination will not be sent to AHMAC and reasons for this decision will be made available.

If the NFC Reference Group believes that the technology is not appropriate for a more detailed assessment for a NFC but the nominating jurisdiction wishes the nomination be forwarded to AHMAC the nomination will be submitted with a majority recommendation that it not be forwarded for a full formal technology assessment noting the dissent.

The NFC Secretariat will prepare and forward a proposal to the next AHMAC meeting based on the recommendations of the NFC Reference Group as above.

## **5.2 Comprehensive submission by nominating jurisdiction(s)**

If there is AHMAC approval to proceed, the nominating jurisdiction(s) will be required to prepare a full and comprehensive submission to the NFC Secretariat.

Joint jurisdictional submissions are encouraged but not mandatory.

The proforma for the full submission and information required is provided in appendix 6 including the costing details which need to be provided in line with the cost proforma in appendix 2.

The jurisdiction(s) should complete the submission within three months of receiving formal advice from the NFC Secretariat of AHMAC approval.

## **5.3 Assessment of a proposed NFC**

The NFC Reference Group will contract an assessing body to consider and advise on the suitability of the technology for inclusion in the NFC Program. The NFC Reference Group will not necessarily undertake a full procurement process for required work but in making the decision on the assessing body will take into account expertise/ ability, track record, quality of the work and timeframes wherever possible.

The NFC Secretariat will forward the submission(s) to the assessing body for a Health Technology Assessment (HTA) and to all jurisdictions for information.

The assessing body undertaking the HTA will comprise evaluators credentialed for this work. It will include personnel with expertise in the clinical specialty, health services planning, health economics and technology assessment.

The assessing body will use the criteria listed in appendix 7 to assess the proposed NFC.

Key considerations of the assessing body are:

- Inclusion of the technology in the nationally funded centres program will maintain or improve quality of care and equity of access for Australian patients; and
- the need to concentrate the service balanced with a level of demand that can be met by one to two centres nationally.

#### **5.4 Approval of NFC Status**

Following assessment of the submission by the assessing body, recommendations will be made to the NFC Reference Group regarding the suitability or unsuitability of the technology to be provided as a NFC. These recommendations will also include whether there should be more than one NFC and the criteria for selecting a site to be the NFC.

Based on the recommendations of the assessing body the NFC Reference Group will provide a recommendation to AHMAC regarding the suitability or unsuitability of the technology. If the technology is suitable, approval will be sought to proceed with site selection.

#### **5.5 Nomination, Assessment and Determination of a site to provide an approved clinical practice / technology as a Nationally Funded Centre**

##### **Nomination of a Site**

Once the technology has been approved for NFC status by AHMAC, expressions of interest for a site will be called from jurisdictions. It is at this stage that any conflicts of interest must be declared by NFC Reference Group members.

A copy of the assessment of the technology will be provided as background for the expression of interest. Issues to be addressed in the expression of interest for site nomination include:

##### *Geographic access:*

- What are the geographic areas of major demand for the technology in Australia?
- What are the projected costs of transportation and accommodation of interstate and regional patients to your institution at one and five years?
- Are there any constraints relating to a) transportation of organs or b) access for people from remote areas, due to geographic location of your institution?
- Other constraints that you are aware of or that could arise as a result of the geographic location of the institution.

*Institutional access:* Is your institution prepared to accept patients for this technology from anywhere in Australia, or if more than one NFC is to be established, from a specified region of Australia, without giving preference to local patients?

*Patient acceptance criteria:* specify the criteria which will be applied.

*Quality and Safety:* Give details of the Quality and Safety Program that will be put in place if this proposal is accepted.

*Data collection and evaluation:* annual reports on patient numbers, clinical outcomes, safety and quality, and costs are required as a condition of funding; attach the proposed protocol; detail the arrangements to provide data for these reports?

*Risks to Service Delivery:* Identify the potential risks to the viability of the service, such as workforce issues and reliance on external providers. Strategies to overcome these potential risks need to be provided.

A Proforma for site nomination is attached in Appendix 8.

Costings for site nomination need to be in line with the cost proforma in Appendix 2.

### **Site Assessment**

If there are more jurisdictions wanting to host an NFC than the assessing body has recommended, the NFC Reference Group will make site recommendations to AHMAC.

In the NFC Reference Group's consideration of the most appropriate site(s) the following factors will be considered:

- Expertise at the centre should be at such a level that outcomes for the technology in question, or (if its use has not yet commenced) closely related technologies, compare favourably with those reported internationally;
- The centre should be able to provide the technology at the most cost effective price at which satisfactory outcomes can be achieved;
- Access should not be unduly hindered by transport difficulties. This includes access to organs where applicable, as well as for persons requiring treatment;
- There should be no institutional impediments to access;
- The institution should agree to relevant data collection, monitoring quality and safety and evaluation of the technology;
- The institution should have the capacity to undertake associated research & development;
- Any auxiliary services required (e.g. diagnostic and support services, parent accommodation in the case of paediatric services) should be available at a high standard and reasonable cost; and
- Workforce availability and retention.

If the NFC Reference Group cannot reach agreement on the site(s), the assessing body may be requested to provide some further advice in regard to site selection.

The NFC Reference Group will then make a recommendation to AHMAC on the site(s)

### **5.6 Establishment of the NFC**

Once the site(s) have been approved by AHMAC the NFC Secretariat, on behalf of AHMAC is to formally notify:

- the relevant State health authority(ies);
- all other jurisdictions;
- the Chair of the NFC Reference Group;
- assessing bodies; and
- other relevant bodies.

The NFC Reference Group will confirm finalised funding requirements from the host jurisdiction(s). The NFC Secretariat will then:

- calculate the financial implications for all jurisdictions; and,
- submit a financial proposal to AHMAC for endorsement.

The proposal to AHMAC will include any special conditions for the NFC and the appropriate agreed date for review. It will also include arrangements for data to be collected for evaluation of health, scientific, equity and resource utilisation outcomes.

Successful sites begin to undertake procedures on 1 July of the year following the decision in line with the budgetary process.

There is an expectation that while a technology is funded under the NFC program, the technology will not be set up at an additional site outside of the program. States, Territories and the Australian Government should encourage through their funding and regulatory arrangements strong disincentives to the proliferation of both public and private sector units.

## **6.0 Regular Reviews of Nationally Funded Centres**

The NFC Reference Group will recommend to AHMAC the commissioning of a review of all NFCs three years after initial establishment. Future reviews will be every three years or earlier as required.

If AHMAC agrees for the review, the NFC Reference Group will contract an assessing body to undertake this. The Reference Group will make a decision on the reviewing body taking into account expertise/ ability, track record, quality of the work and timeframes wherever possible.

A Panel will be established to oversight the review and will include personnel with expertise in health services planning, health economics and technology assessment, and representation from the Reference Group. Reviews will be conducted in consultation with the host jurisdiction(s).

Criteria to be considered as part of the review are listed in appendix 9 and include:

- health outcomes achieved to date and the probable effect of these on increasing the number of NFCs;
- the stage of development of the technology;
- the national and international demand for the NFC's service;
- equity of access to the service and the probable effect of this on increasing the number of NFCs;
- the cost of the NFC and comparison and relative efficiency between sites where the program is run at more than one site;
- the probable effect of increasing the number of NFCs on future NFC costs;
- research and training achievements and needs;
- benefits for continuing the NFC;
- estimation of projected need; and
- issues such as optimal throughput and critical mass to determine the number of sites and the point at which additional site(s) might be required.

This latter point should act as an objective guide to support decisions regarding the expansion of the NFC providers during the review process.

The review will result in a report to the NFC Reference Group which in turn will provide a report to AHMAC. AHMAC will recommend one of three options:

- continue the activities of the NFC at a reduced, equal or increased level for a further defined period with a further review to be conducted at the end of that period; or
- decrease the number of NFCs providing the service; or
- increase the number of NFCs providing the service; or
- cease NFC status effective by 30 June in the next calendar year from the date of the decision.

A recommendation may be made to AHMAC to increase the number of NFC providers if it is shown that:

- satisfactory health and cost-effectiveness outcomes have been achieved;
- existing centre(s) does NOT have the capacity to meet the needs of the Australian population for the foreseeable future;
- or the combined national and international demand justify expansion;
- the cost effectiveness of an additional centre or centres is similar to that of the first centre;
- establishment of an additional centre or centres will not adversely affect the health outcomes; and
- establishment of an additional centre or centres will not adversely affect equity of access.

A balance will need to be reached between the need to ensure equitable access for all to the service and the need to ensure that expansion of the number of NFC providers does not result in significant inefficiencies or dilution of expertise.

If it is agreed that an expansion of the number of nationally funded centres is appropriate, then agreement will be reached on the timing of a further review.

### **7.0: Cessation of a Nationally Funded Centre**

At some point in the provision of a specific NFC program, agreement may be reached by AHMAC that NFC status is no longer appropriate.

This point may be reached when:

- The technology has ceased to evolve at a rapid rate and had become part of routine medical practice;
- Further proliferation of the technology will not generate significant additional inappropriate costs or inefficiencies for the nation;
- The technology has been superseded.

If this is at a point when not all States are providing the service, the usual arrangements for State and/or Australian Government funding of cross border services will apply. Arrangements will be made to continue a centralised data collection for the service if appropriate.

When AHMAC approves the withdrawal of NFC status, those centre(s) affected will cease as a Nationally Funded Centre effective by 30 June in the next calendar year.

## Roles and Responsibilities

### *The Australian Health Minister's Advisory Council*

The Australian Health Minister's Advisory Council (AHMAC) has been appointed by the AHMC to oversee all aspects of the NFC Program and associated policy. This includes ratifying all decisions made by the NFC reference group and considering all recommendations forwarded to it by the NFC Reference Group. AHMAC also adjudicates on matters where the Reference Group is unable to make a decision.

### *The Assessing Body*

The assessing body evaluates health technologies and highly specialised services looking at safety, efficacy, effectiveness, cost, equity, access and social impact. In regard to the NFC Program, the assessing body has acted as a specialist body which undertakes reviews of new proposals/existing NFC procedures and makes recommendations to the NFC Reference Group based on the results of their reviews.

### *NFC Reference Group*

The NFC Reference Group is established by AHMAC. It will comprise a representative from the Australian Government and each State and Territory. The Reference Group will be responsible for making recommendations to AHMAC regarding proposals for new technologies and recommendations regarding the outcome of the review. It will be responsible for determining the annual operating budgets for approved NFC's and for the general administration of the program. It will also develop interfaces with relevant bodies including HealthPACT and MSAC. The reference group will meet as required.

### *NFC Reference Group Secretariat*

The NFC Reference Group Secretariat is responsible for ensuring that the guidance for the NFC Program are routinely examined and updated in consultation with States/Territories and NFC units. It is also responsible for administering the NFC budget process, including the collection of data, including that necessary for budget setting purposes

### *State/Territory Health Departments*

The role of the States/Territories is to:

- participate in NFC processes, including through the technology assessment process, and the NFC Reference Group as appropriate;
- host NFC services where appropriate and in accordance with agreed guidance;
- cooperate with all other States/Territories in the provision of NFC services, regardless of whether they are host or non host States/Territories; and
- contribute to the NFC budget.

### *Australian Government*

The role of the Australian Government is to participate in NFC processes, including through the technology assessment process, and the NFC Reference Group as appropriate

**COSTING PROFORMA  
NATIONALLY FUNDED CENTRES PROGRAM**

The following costing data is to be completed:

- when nominating jurisdictions provide comprehensive submissions (refer section 5.1 and Appendix 6,) or,
- when jurisdictions provide information to support their expression of interest to host a site (refer section 5.3 and Appendix 8)

Proposed NFC: .....

Health Service/Hospital: .....

Contact Person

Name/Title:.....

Telephone No:..... Facsimile No: .....

E-mail address:.....

Postal Address: .....

Chief Executive Of Health Service

Name: .....

Signature : .....

Date: .....

The purpose of the detailed information is to identify the unit cost for each element of service provided for each patient category.

If unit costs for services are not available then an indication of subtotals for each phase of care should be estimated in addition to providing an estimate of the total costs per category of patient.

The financial information includes

- Patient care and program management staffing
- Other direct patient costs such as pharmaceuticals
- Facility costs
- Equipment costs
- Administrative and overhead costs associated with the health service, and,
- Other external costs such as travel.

PLEASE PROVIDE AS MUCH DETAILED COSTING INFORMATION AS POSSIBLE.

**TABLE 1 - NFC Financial Summary**

COST ITEM	Expected annual operating cost (\$)	Expected operating cost per patient (\$)	Estimated annual operating cost (\$)	Estimated operating cost per patient (\$)	Annual increase in cost (%)
	Base Year (1)	Base Year (1)	Year 2	Year 2	
<b>DIRECT PATIENT CARE COSTS</b>					
NFC Staffing FTE (refer Note 1)					
Other direct costs (refer Note 2)					
<b>CAPITAL CONSUMPTION</b>					
Building (refer to note 3)					
Equipment (refer to note 4)					
<b>ADMINISTRATION /OVERHEADS (refer to note 5)</b>					
<b>EXTERNAL COSTS (refer to note 6)</b>					

Please provide details of the expected activity of the centre which has been used to calculate the above costs.

Number of patients per year \_\_\_\_\_

Other relevant information

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**Note 1 – STAFFING – Patient care and program management**

NFC Staffing	FTE	Annual Cost
<b>PATIENT CARE</b>		
Medical		
Staff specialists		
VMO's		
Registrars		
Other		
On-call allowance (staff specialist and VMO's)		
Nursing (please specify)		
Allied Health (please specify)		
Scientific/Technical (please specify)		
Staff On-costs		
<b>Sub-Total</b>		
<b>PROGRAM MANAGEMENT</b>		
Head of Unit		
Program Co-ordinator/Administrator		
Secretarial/Clerical		
Data Management		
<b>Sub-Total</b>		
<b>TOTAL</b>		

**Note 2 – OTHER**

	Annual Cost	Detail the derivation of these costs
Medical & surgical supplies		
Pharmaceuticals		
Pathology services		
Diagnostic imaging		
Prostheses		
Medical devices		
<b>TOTAL</b>		

**Note 3 – FACILITY COSTS**

- 3.1 Will the proposed NFC have a dedicated ward/unit? Yes/No  
 If “Yes” what is the size of the Ward/Unit? ..... Beds  
 If “No” what is the expected need for beds?  
 ICU? ..... Beds  
 Ward? ..... Beds  
 Total beds..... Beds

Please provide the analysis to support the use of this number of beds.

- 3.2 Will the proposed NFC use any other facilities? Yes/No  
 For how many hours per week?

How many hours per week is the facility used routinely?  
 What is the estimated size of the respective facilities used?

<b>FACILITY</b>	<b>NFC hrs/wk</b>	<b>Total hrs/wk</b>	<b>Estimated size sq. m.</b>
Theatre			
Procedure Room (specify)			
Treatment Room			
Other (specify)			
<b>TOTALS</b>			

Please provide the analysis to support the use of these facilities

3.3 Estimated NFC share of facilities and equipment:

Ward space:

Total beds .....  
 Space equivalent: ..... sq. metres

Other facilities:

Space equivalent: ..... sq. metres

3.4 Notional rental:

Rent/sq. metre: ..... Per annum

Rent equivalent: ..... Per annum

Estimated Annual increase: .....

**Note 4 – EQUIPMENT**

In determining an appropriate depreciation allowance for equipment, each proposed NFC should consider two categories of equipment:

- (1) Equipment dedicated to the proposed NFC program and not used elsewhere in the hospital, and
- (2) Equipment which is utilised elsewhere in the hospital but is substantially required by the proposed NFC itself.

Only equipment which is used by the NFC for the minimum of 70% of the time will be recognised in the provision of the depreciation method is as follows:

Details for individual equipment items valued at more than \$10,000 per item in terms of current purchase price or current replacement cost.

The appropriate useable life for equipment to be applied in calculating depreciation rates using a simple per annum straight line depreciation method is as follows:

- Fibre optics, computer hardware and computerised equipment 5 years
- Monitors, monitoring equipment 8 years
- Diagnostic and therapeutic equipment 10 years
- Pathology equipment, analysers etc 12 years

The costs of repair and maintenance of NFC equipment are also required

Item	Repair cost	Maintenance	Depreciation

Large maintenance contracts for individual items of equipment should be listed individually and appended to the completed form.

**Note 5 - ADMINISTRATION /OVERHEADS**

These are overheads associated with operations of the host hospital, a proportion of which may be apportioned to the proposed NFC. Generally this is a percentage of patient costs and includes areas such as the following:

- Administration Services
- General Services
- Human Resources
- Medical Services
- Linen
- Finance
- Nursing
- Group Admin. Services
- Group Finance Division
- Facilities & Supply Div.
- Planning & Development

**Note 6 – EXTERNAL COSTS**

<b>Item</b>	<b>Cost</b>
Patient Travel	
Patient accommodation	
Outreach service costs (1)	
<b>TOTAL</b>	

1. This excludes salaries as these are covered as per Note One.

Please provide details on the basis on which these costs are derived.

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## **COST PER PATIENT**

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Detail patient costs for each element of the care pathway

There may be substantively different care pathways for patients being treated in the NFC. In this situation costs by each category of patient should be detailed.

<b>COST ALLOCATION</b>	<b>UNIT COST FOR SERVICE USED BY CATEGORY OF PATIENT in \$</b>		
	<b>1</b>	<b>2</b>	<b>3</b>
<b><u>Nature of Cost Incurred</u></b>			
<b><u>Assessment and preoperative monitoring</u></b>			
Consultation with assessment physician			
Investigations to determine suitability			
Referrals and assessment of co-morbidities			
Psychological, surgical & allied health assessments			
Education Day			
Physician review whilst on the waiting list			
Sub-Total			
<b><u>In-patient and intra-operative care</u></b>			
Nursing			
Supplies			
Medical			
Allied Health			
Pharmacy			
Other			
Prostheses			
Medical devices			
Theatre costs			
Ward Care ICU			
Ward Care other			
Diagnostic & Imaging			
Linen			
Catering			
Sub-Total			
<b><u>Post-procedure outpatient care and monitoring</u></b>			
Diagnostic & Imaging			
Pharmacy			
Pathology			
Other			
Sub-Total			
<b><u>External Costs</u></b>			
Travel			
Accommodation			
Sub-Total			
<b>TOTAL</b>			

**TOTAL DIRECT PATIENT CARE COSTS FOR ALL TREATED PATIENTS**

	<b>TOTAL COST FOR SERVICE USED BY CATEGORY OF PATIENT</b>			
Category of patient	1	2	3	<b><u>TOTALS</u></b>
Annual No. of Patients				
Estimated cost per patient				
Direct Patient Care Costs: Total				
TOTAL Capital Consumption				
TOTAL overheads				
ESTIMATED AVERAGE COST PER PATIENT BASE YEAR OF FORECAST				

**PROFORMA FOR ANNUAL STATISTICAL RETURNS  
NATIONALLY FUNDED CENTRES PROGRAM**

This proforma is to be completed annually by NFCs and returned to the NFC Reference Group via the NFC Secretariat by the 10th working day after 1 July of each year.

Financial Year Ending: \_\_\_\_\_

State: \_\_\_\_\_

Health Service / Hospital: \_\_\_\_\_

Name of NFC: \_\_\_\_\_

**1. Summary information of patient numbers**

**1.1 New referrals**

State of patient residence	New referrals	Accepted	Not accepted
NSW			
VIC			
QLD			
WA			
SA			
TAS			
ACT			
NT			
Overseas (advise country)			
<b>TOTAL</b>			

**1.2 Current Patients**

State of patient residence	Awaiting Treatment		Treated	
	Accepted this year	Accepted previous year(s)	Accepted this year	Accepted previous year(s)
NSW				
VIC				
QLD				
WA				
SA				
TAS				
ACT				
NT				
Overseas (advise country)				
<b>TOTAL</b>				

### 1.3 Discharges

State	Number of patients exiting while awaiting treatment (including deaths)	Number of patients discharged post-treatment
NSW		
VIC		
QLD		
WA		
SA		
TAS		
ACT		
NT		
Overseas (advise country)		
TOTAL		

### 1.4 Patient outcomes during the year by category\*

Category	No. of patient outcomes
1. Death prior to treatment	
1. Uncomplicated treatment - failure post-treatment	
2. Uncomplicated treatment – successful completion	
3. Complicated treatment - failure post-treatment	
4. Complicated treatment – successful completion	
5. Death post treatment	
Total	

\*or as amended for individual NFC's as agreed with the NFC Reference Group

## 2. Outcome measures

Provide information on the patient outcomes, and clinical quality and safety indicators for the technology for the year

### 2.1 Noscomial infection – Occurred during the year – yes/no

Details

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### 2.2 Adverse clinical events - Occurred during the year – yes/no

Details

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### 2.3 Unplanned readmission to intensive care – - Occurred during the year – yes/no

Details

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2.4 Unplanned readmission post discharge - Occurred during the year – yes/no  
Details

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2.5 Other outcome measures specific to, and as agreed with, individual NFCs.

### **3. Update on status of technology**

3.1 An update of the status of use of the technology and associated patient outcomes in international jurisdictions.

Details

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3.2 Any changes in the initial estimation of demand for the service and reason for it.  
Details

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3.3 Has there been significant modifications to the treatment being provided by the NFC if so provide evidence along with the cost implications and evidence to support these modifications;

Details

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### **4. Cost measure**

If there have been significant modifications to the treatment being provided by the NFC which have cost implications and an associated funding change please provide a revised costing template (Appendix 2)

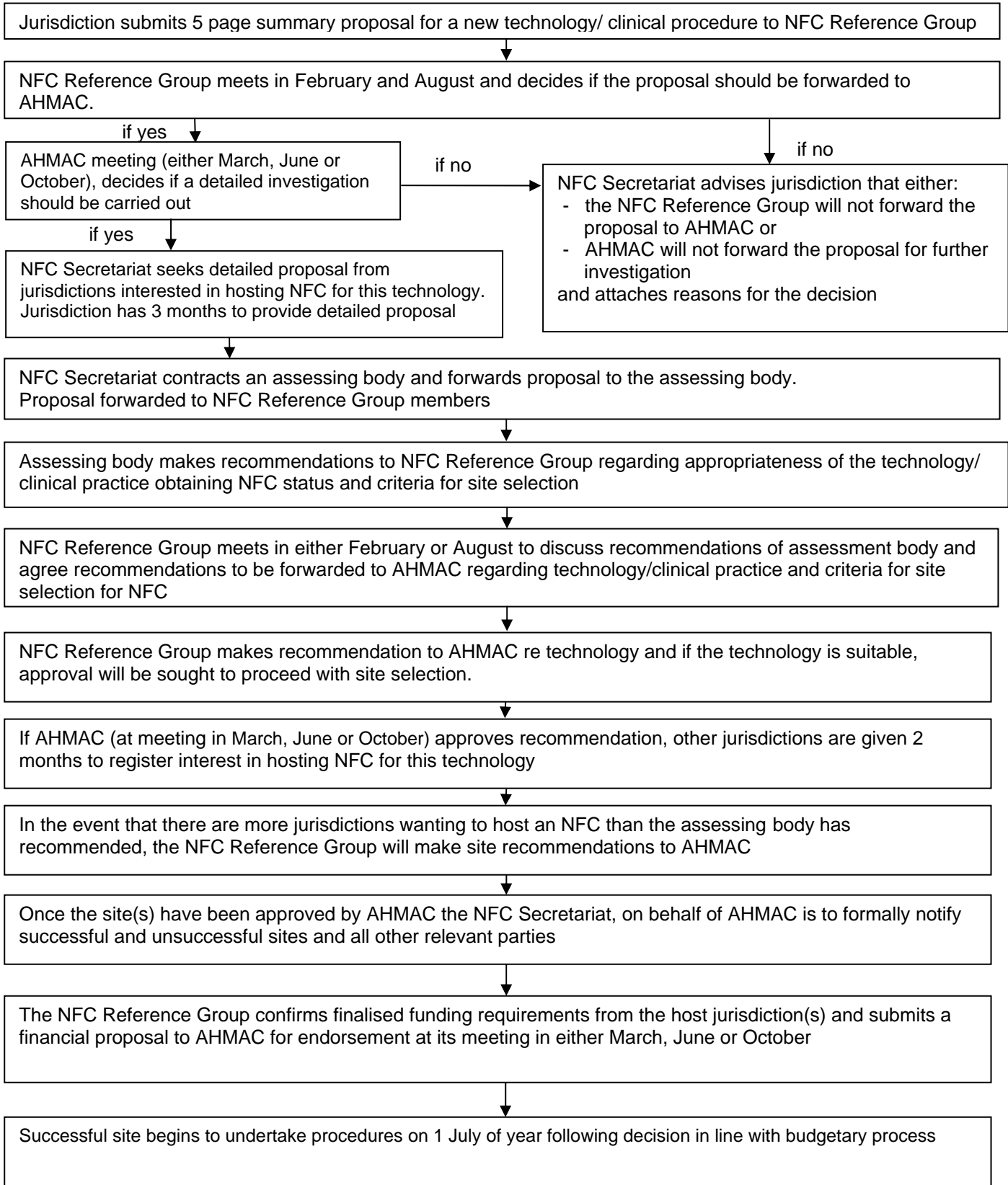
### **5. Anticipated demand**

Estimated number of procedures to be performed in this coming year xx/xx:

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PROPOSAL/SUBMISSION/APPROVAL FLOW CHART

Nominations for new NFCs received by the NFC Secretariat after COB 30 June and before COB on the second Monday of December will be considered at the NFC Reference Group meeting in February the following year. Nominations for NFCs received after COB of the second Monday of December and prior to COB 30 June will be considered at the NFC Reference Group meeting in August of that year.



## NOMINATION SUMMARY TEMPLATE FOR NEW NATIONALLY FUNDED CENTRE

This proforma is to be used by jurisdiction(s) seeking to nominate a new nationally funded centre and provided to the NFC Reference Group via the NFC Secretariat.

### **Name of Technology/Procedure**

### **Nature of Technology**

Provide a brief description of the technology/service

### **International and national practice**

The extent to which the proposed technology is in practice, internationally, or in Australia. This should include an indication of the current utilisation of the technology, distribution of the service(s).

### **Evidence of clinical and cost effectiveness**

Provide an overview of clinical and cost effectiveness citing key articles and/ or findings from health technology assessment

### **Benefits of the technology**

*Discuss the likely benefits of this technology, including*

- Description of Existing technologies/procedures that this would replace
- Description of Existing technologies/procedures that this would enhance

### **Estimate of likely level of national demand**

Provide an indication of the basis of the catchment population, by age and distribution

## COMPREHENSIVE SUBMISSION TEMPLATE FOR NEW NATIONALLY FUNDED CENTRE

This proforma is to be used by relevant jurisdiction(s) to provide required detailed information to assist in a full assessment by the appointed assessing body, and to be provided to the NFC Reference Group via the NFC Secretariat.

### **Name of technology/Procedure**

The elements to be addressed in the submission for a technology / clinical practice to be a NFC are detailed below.

#### **Clinical Need**

##### **1. Clinical indication/disease/condition for proposed new technology/clinical practice**

- Clinical condition(s) Incidence and prevalence of the clinical condition in Australia.

##### **2. Patient Population(s) and Projected Demand for proposed new technology**

- Demographic characteristics of the patient population(s) with the clinical condition.
- Factors needed to be taken into account when considering patient selection
- Potential changes in the number of patients who may benefit within the next 5 to 10 years.
- Predicted number of patients per annum who may benefit

##### **3. Health Outcomes for new technology**

- What health outcomes will be achieved?
- How could the health outcomes be measured?
- Over what time frame will these outcomes occur?

##### **4. Classification of new technology**

- Confirm that this is either a new technology; or a substitute or replacement for an existing technology.

##### **5. Use of new technology elsewhere**

- Describe use of the Technology elsewhere nationally and internationally.

##### **6. Does the technology meet each of the following criteria**

- No alternative treatment exists to treat patients with the clinical condition (i.e. there is no approved alternative intervention for these patients).
- The clinical condition defined is severe, progressive and expected to lead to premature death.

- The clinical condition defined applies to a very small number of patients.

#### **7. Comparison with existing approach(es) to clinical intervention**

- What existing technology(s) is/are used for the clinical condition?
- Key differences in the indications, contra-indications, cautions, warnings and adverse effects between the proposed technologies.

#### **8. Ethical issues**

- Are there ethical issues to be considered in establishment of the technology / practice.

### **Safety, Efficacy and Clinical Effectiveness**

#### **9. Regulatory approval of new technology**

- Evidence of approval and approval date for the technology for use in Australia for the identified clinical problem(s) by the Therapeutic Goods Administration.

#### **10. Evidence of Safety of new technology**

- Evidence regarding safety associated with the use of the technology for the proposed clinical indication.
- Nature and incidence of side effects, contra-indications, cautions, warnings and adverse effects for technology and the proposed indication, and source of this information.

#### **11. Evidence of efficacy and clinical effectiveness of new technology**

- Summarise the evidence, outlining key aspects, for efficacy and clinical effectiveness of the technology for the defined clinical problem(s), and describe the level and source of evidence.
- Identify and summarise scope, methodology and outcomes of health technology assessment undertaken for the technology by other agencies.
- Identify and summarise clinical guidelines and / or guidance on use of the technology / practice from agencies and professional bodies.
- Identify and summarise evidence and / or practice relating to quality outcomes and throughput for an organisation and / or clinical team and / or individual provider.
- Identify and describe any particular issues from the evidence about this technology / clinical practice that may influence its implementation in the public sector?

### **Demonstration of Need to Concentrate Services**

#### **12. National Demand**

- Evidence on the desirable patient throughput for an operator or team.
- Is the technology rapidly evolving to the extent that a limited number of teams are needed to keep up with developments?
- Requirement for further evaluation to determine its place in clinical practice before wider use in Australia would be appropriate?
- Experience and success in other jurisdictions.

### **13. Workforce**

- What factors influence the development of expertise in this technology?
- Does use of the technology require a multidisciplinary team?
- Does the service involve complex multidisciplinary team work for which only a few centres could provide the full range of skills required, and the number of centres able to provide such teams could not readily be increased by training programs.
- Is expertise to provide the service scarce and is it not able to be readily diffused by training programs.

### **14. Clinical Infrastructure**

- associated clinical infrastructure such as intensive care, operating theatre, imaging, pathology, outpatients and such.
- specialised clinical infrastructure such as ECMO, Gait Laboratories, cardiac catheterisation, interventional neuroradiology
- Specialised equipment that would/should only be available at a few centres.

### **15. Quality and Safety**

- Is concentration of services required to maintain expertise and ensure satisfactory outcomes.
- Scope of credentialing and competency assurance is needed to ensure safe implementation of the technology.

### **16. Cost**

- Is there a high cost associated with use of the technology making concentration of services more effective?
- high capital costs (e.g. a piece of equipment costs more than, for example, \$500,000) or specialised construction requirements such as for radiotherapy.
- Are there specialised requirements for the use or housing of the equipment ?
- Is there any training, staffing costs or economy of scale factors such that it would be more cost efficient to concentrate services.

## **Financial Implications**

### **17. Specific costings**

This section is to be completed in line with appendix 2

### **18. Evidence of cost effectiveness of new technology**

- Summarise the evidence, outlining key aspects, for cost effectiveness of the technology for the defined clinical problem(s) and describe the level and source of this evidence.
- Identify and summarise cost effectiveness analyses undertaken by health technology and related agencies.

**Assessment of a proposal to establish a Nationally Funded Centre**

This proforma is to be used by the assessing body engaged by the NFC Reference Group to undertake a full assessment of a proposed NFC

The assessing body will undertake this review with the support of personnel with expertise, as required, in the clinical specialty, health services planning, health economics and technology assessment, including representation from the NFC Reference Group.

The experts should be drawn from relevant clinical disciplines in varying states and territories.

The overarching principle in considering a technology / clinical practice (technology) for provision as a Nationally Funded Centre (NFC) is whether this will maintain or improve quality of care and equity of access for Australian patients.

The elements to be addressed in the report of the assessment of the submission for a technology / clinical practice to be provided as a NFC are detailed below.

**Clinical Need****1. Clinical indication/disease/condition for proposed new technology/clinical practice**

- Clinical condition(s) Incidence and prevalence of the clinical condition in Australia.
- Demographic characteristics of the patient population(s) with the clinical condition.
- Subgroups of the patient population(s) who will benefit
- Current and potential changes in use of the technology in the coming years

**2. Health Outcomes for new technology (magnitude of treatment effect)**

- What health outcomes will be achieved?
- How could the health outcomes be measured?
- Over what time frame will these outcomes occur?

**3. Classification of new technology**

- Confirm that this is either a new technology; or a substitute or replacement for an existing technology.

**4. Use of new technology elsewhere**

- Describe use of the technology elsewhere nationally and internationally.

**5. Comparison with existing approach(es) to clinical intervention**

- What existing technology(s) is/are used for the clinical condition?
- Key differences in the indications, contra-indications, cautions, warnings and adverse effects between the proposed technologies.

## **Safety, Efficacy and Clinical Effectiveness**

### **6. Evidence of Safety of new technology**

- Evidence regarding safety associated with the use of the technology for the proposed clinical indication.
- Nature and incidence of side effects, contra-indications, cautions, warnings and adverse effects for technology and the proposed indication, and source of this information.

### **7. Evidence of efficacy and clinical effectiveness of new technology**

- Summarise the evidence, outlining key aspects, for efficacy and clinical effectiveness of the technology for the defined clinical problem(s), and describe the level and source of evidence.
- Identify and summarise scope, methodology and outcomes of health technology assessment undertaken for the technology by other agencies.
- Identify and summarise clinical guidelines and / or guidance on use of the technology / practice from agencies and professional bodies.
- Identify and summarise evidence and / or practice relating to quality outcomes and throughput for an organisation and / or clinical team and / or individual provider.
- Identify and describe any particular issues from the evidence about this technology / clinical practice that may influence its implementation in the public sector?
- Identify and describe aspects of the technology / clinical practice that require further evaluation?

## **Demonstration of Need to Concentrate Services**

### **8. National Demand**

- Evidence on the desirable patient throughput for an operator or team.
- Is the technology rapidly evolving to the extent that a limited number of teams are needed to keep up with developments?
- Requirement for further evaluation to determine its place in clinical practice before wider use in Australia would be appropriate?
- Experience and success in other jurisdictions.

### **9. Workforce**

- Does the service involve complex multidisciplinary team work for which only a few centres could provide the full range of skills required, and the number of centres able to provide such teams could not readily be increased by training programs.
- Expertise to provide the service is scarce and cannot be readily diffused by training programs.

### **10. Clinical Infrastructure**

- specialised clinical infrastructure such as ECMO, Gait Laboratories, cardiac catheterisation, interventional neuroradiology
- Specialised equipment that would/should only be available at a few centres.

## **11. Quality and Safety**

- Is concentration of services required to maintain expertise and ensure satisfactory outcomes.
- Scope of credentialing and competency assurance is needed to ensure safe implementation of the technology.

## **12. Cost**

- Is there a high cost associated with use of the technology making concentration of services more effective? Such as, high capital costs (e.g. a piece of equipment costs more than, for example, \$500,000) or specialised construction requirements.
- Are there specialised requirements for the use or housing of the equipment ?
- Are there are training, or staffing costs and economy of scale factors such that it would be more cost efficient to concentrate services.

## **Financial Implications**

### **13. Cost estimates**

- Comment on the cost estimates provided by the jurisdiction taking into account cost information provided in the literature and any costs which may be specific to Australia.

### **14. Cost effectiveness**

- Summarise evidence on cost effectiveness for this provided in the literature and/or other international locations currently providing the service and any costs which may be specific to Australia.

## **Site Issues**

### **15. Site Determination**

- Are there particular issues to note in determining a site for establishment of the nationally funded centre taking into account all of the information considered and/ or provided in items 1 to 14

### **16. Number of sites**

- On the basis of overseas or local experience, how many centres are optimal for Australia now?
- how many centres may be optimal in five and ten years?

## SUMMARY TEMPLATE FOR THE NOMINATION OF A SITE FOR A NEW NATIONALLY FUNDED CENTRE

This proforma is to be used by jurisdiction(s) seeking to nominate a site for a new nationally funded centre and is to be provided to the NFC Reference Group via the NFC Secretariat.

### Name of Technology/Procedure

#### *Geographic access:*

- What are the geographic areas of major demand for the technology in Australia?
- What are the projected costs of transportation and accommodation of interstate and regional patients to your institution at one and five years?
- Are there any constraints relating to a) transportation of organs or b) access for people from remote areas, due to geographic location of your institution?
- Other constraints that you are aware of or that could arise as a result of the geographic location of the institution.

*Institutional access:* Is your institution prepared to accept patients for this technology from anywhere in Australia, or if more than one Nationally Funded Centre is to be established, from a specified region of Australia, without giving preference to local patients?

*Patient acceptance criteria:* specify the criteria which will be applied.

*Data collection and evaluation:* attach the protocol for the clinical and economic evaluations planned for the technology if approval is given for a Nationally Funded Centre at the institution; annual reports on patient numbers, outcomes and costs are required as a condition of funding. What arrangements are proposed to provide data for these reports?

*Quality and Safety:* Give details of the Quality and Safety Program that will be put in place if this proposal is accepted.

*Risks to Service Delivery:* Identify the potential risks to the viability of the service, such as workforce issues and reliance on external providers. Strategies to overcome these potential risks need to be provided.

Specific costings to be provided in line with the cost proforma - appendix 2

## **Review of Existing Nationally Funded Centres**

This proforma is to be used by the reviewing body contracted by the NFC Reference Group to undertake a review of existing NFC.

### **1. Introduction**

Nationally Funded Centres (NFC) should be reviewed at least every three years. The reviewing body will undertake this review with the support of personnel with expertise, as required, in the clinical specialty, health services planning, health economics and technology assessment, including representation from the NFC Reference Group.

The experts should be drawn from relevant clinical disciplines in varying states and territories.

The reviewing body may recommend undertaking a rapid review where there are changes in practice or evidence that do not require comprehensive evaluation.

### **2. Review Criteria**

**The elements to be reviewed for existing NFC are detailed below.**

The status of each of these and any associated issues should be investigated.

#### Access to the NFC

- Numbers and referral sources of patients
- Patient demographic information

#### Health Outcomes

- Mortality
- Morbidity
- Quality of Life
- Development: physical, cognitive etc.
- Other

#### Service delivery

- Staffing
- Non-inpatient services
- Local outpatient services
- Outpatient services in other jurisdictions
- Service gaps and constraints
- Continuum of care
- Relationship with, and provision of information to, referring practitioners

### Quality and Safety

- Adherence to treatment protocols and care pathways
- Adherence to agreed evaluation and reporting
- Inpatient complications
- Nosocomial infection
- Unexpected re-admission or return to Intensive Care
- Adverse Incidents
- Patient / Family / Carer satisfaction

### Teaching, Training and Research

- Teaching and training requirements
- Research achievements

### Need for continued service concentration

- The stage of development of the technology
- Health Outcomes achieved to date
- Demonstrated and new evidence on the clinical and cost effectiveness of the clinical practice / technology
- Previous and current estimates on the national and international demand for the technology / clinical practice Information on whether the technology / practice
- Equity of access to the technology / practice
- Evidence regarding the status and development of comparator technologies / practices.
- Changes in the Clinical indication/disease/condition for the technology/clinical practice
- Changes in the patient population(s) for the technology/clinical practice

### Cost

- The cost of the NFC and comparison and relative efficiency between sites where the program is run at more than one site – ie Is there a high cost associated with use of the technology which continues to make concentration of services more effective?
- the probable effect of increasing the number of NFCs on future NFC costs;
- high capital costs (e.g. a piece of equipment costs more than, for example, \$500,000) or specialised construction requirements.
- Are there specialised requirements for the use or housing of the equipment?
- Are there training, or staffing costs and economy of scale factors.

### Cost estimates

- Comment on the current costs provided by the jurisdiction taking into account cost information provided in the literature and any costs which may be specific to Australia.

### **3. Scope of Recommendations**

#### **The possible recommendations from a review will be to:**

- Continue the existing activities of the NFC at a reduced, equal or increased level for a further defined period with a further review to be conducted at the end of that period. As part of the continuation of the activities of the NFC the following recommendation may also be made:
  - Address and rectify issues identified by the review team;
  - Modify the scope of services and care provided by the NFC to meet current clinical and service requirements;
  - Continue the activities of the NFC at a reduced, equal or increased level for a further defined period with modifications as recommended and endorsed;
- Decrease the number of NFCs providing the service;
- Increase the number of NFCs providing the service;
- Cease NFC status effective by 30 June in the next calendar year from the date of the decision.