

Application for Amendment of a Licence for a Private Health Facility

(Private Health Facilities Act 2007, section 17)

When to use this form

This form is for applicants (individuals or companies) who wish to apply for the amendment of a licence for a private health facility. If you require a new licence, you wish to renew the licence without amendment, or make alterations or extensions to the private health facility you should use another form.

If the amendment to the licence requires alterations or extensions to the facility an "Application for Alterations or Extensions to a Licensed Health Facility" should also be completed and attached. Only one (1) application fee applies.

Amendment of a Licence

An amendment is required where a private health facility wishes to change the approved class of the facility and or the number of patients accommodated at any one time in a facility. The Secretary, NSW Health may, on application by the licensee, or if the Secretary, NSW Health otherwise considers it necessary, amend a licence.

Approval process

All applicants should familiarise themselves with the *Private Health Facilities Act 2007* and the Private Health Facilities Regulation 2010 as all applications are assessed against that legislation, with particular reference to the *Australasian Health Facilities Guidelines*. The approval process will take up to four months from the date the NSW Ministry of Health receives the completed application. This includes the time taken for consultation in relation to the changes and does not include the time taken for building work to the facility. Further details about timeframes for the approval process can be found on the "Licensing of Private Health Facilities" page of the website.

Applicants will be provided with written confirmation of the approved amendment. The confirmation will contain the conditions which must be met before the amended licence will be issued. There is no time limit on the confirmation of approval however any unauthorised deviation from the approved plans will invalidate the approval and changes to the plans must be submitted for assessment and approval.

Before the licence is issued, a final inspection will be carried out to ensure that the amended private health facility complies with the conditions of the written approval and all relevant legislation. At the onsite commissioning inspection, all building, fire and other relevant certification will be required. Following the successful commissioning, an amended licence will be issued, endorsed for the specific classes and services as specified in the application.

Payment

The prescribed application fee for the amendment of a licence for a private health facility is \$3,801. However, if an application to amend a licence is accompanied by an application to alter or extend a facility only one fee of \$3,801 will apply. An additional application fee applies for private mental health class. The prescribed application fee for private mental health facility is \$98.

Payment can be made by EFT, see EFT form for details, or cheque made payable to NSW Ministry of Health. If paying by EFT on date of payment please send email as requested on the EFT form. Cheques should be included with the completed form.

Please return the completed form together with the required documents to the address as below.

**Private Health Care Unit
Legal and Regulatory Services
NSW Ministry of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059**

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(Private Health Facilities Act 2007, section 17)



If changes are to be made to the design and structure of the facility, please complete and attach an "Application for Alterations or Extensions to a Licensed Private Health Facility Form". Only one (1) application fee applies.

SECTION A

Applicant details		
Full name of applicant:		
Postal address:		
Suburb:	State:	Postcode:
Details of the contact person (contact person on behalf of the applicant and in what capacity)		
Full name:	Position:	
Address:		
Suburb:	State:	Postcode:
Phone:	Fax:	Email:

SECTION B

Private health facility details		
Private health facility name:		
Address:		
Suburb:	State:	Postcode:

SECTION C

Details of the proposed amendment(s) to the licence – please indicate where applicable			
1. It is proposed that the private health facility will accommodate the following new group(s) of patients (relevant to this application): Please ✓ the relevant box(es)			
Patients who are admitted for more than 24 hours	<input type="checkbox"/>		
Patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours	<input type="checkbox"/>		
Patients who are admitted and discharged on the same day	<input type="checkbox"/>		
2. It is proposed that the private health facility will provide the following new class(es): Please ✓ one or more of the relevant box(es)			
Anaesthesia	<input type="checkbox"/>	Intensive Care	<input type="checkbox"/>
Cardiac Catheterisation	<input type="checkbox"/>	Interventional Neuroradiology	<input type="checkbox"/>
Cardiac Surgery	<input type="checkbox"/>	Maternity	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	Mental Health ¹	<input type="checkbox"/>
Gastrointestinal Endoscopy	<input type="checkbox"/>	Neonatal	<input type="checkbox"/>
		Paediatric	<input type="checkbox"/>
		Radiotherapy	<input type="checkbox"/>
		Rapid Opioid Detoxification	<input type="checkbox"/>
		Rehabilitation	<input type="checkbox"/>
		Renal Dialysis	<input type="checkbox"/>
		Surgical	<input type="checkbox"/>

¹A separate application fee of \$98 is required for a licence for a private mental health facility (section 115 (2)(b) of the *Mental Health Act 2007*).

Details of the proposed amendment(s) to the licence – please indicate where applicable

3. It is proposed that the private health facility will have the following number of new procedure rooms[#]:
[#] *Procedure room* means a room in which medical or surgical procedures are conducted, and includes an operating theatre, labour room or other room prescribed by the Regulations.
 List the type and number of procedure room(s) including operating theatre and labour rooms.

<i>Room Type</i>	<i>No.</i>	<i>Room Type</i>	<i>No.</i>

4. It is proposed that the private health facility will accommodate at any one time a maximum number of patients in the following new ward(s)*:

* *Ward* means any room (other than a labour room or operating theatre) in a private health facility in which patients are accommodated and includes any recovery room in which a patient is monitored after an operation whilst returning to his or her pre-operative state of consciousness.

List the wards and number of patients (please attach a list if required).

<i>Ward</i>	<i>No. of patients</i>	<i>Ward</i>	<i>No. of patients</i>	<i>Ward</i>	<i>No. of patients</i>

It is proposed that the private health facility will now accommodate _____ number of patients who are admitted for more than 24 hours in _____ number of wards.

It is proposed that the private health facility will now accommodate _____ number of patients who are not admitted for more than 24 hours in _____ number of wards.

It is proposed that the private health facility will now accommodate _____ number of patients who will be admitted and discharged on the same day.

5. Provide details of any proposed amendment to the licence conditions.
 Amendment to licence conditions may include altering the approved age range of paediatric patients, the number of paediatric patients accommodated within the facility, relocation of mental health or other approved classes to different wards.

SECTION D

Documents and information to be included with this application

1. Details of the Medicare Benefits Schedule (MBS) item numbers and description for proposed new class(es) of licence sought, where applicable.

In addition, for applications for rehabilitation and mental health class details of the proposed rehabilitation and mental health programs are also required.
2. Provide a detailed business case for the need for the proposed new class(es) and/or increase in the number of patients accommodated at the licence premises, where applicable. The business case should include:
 - a. details of the clinical specialties, type and level of service to be provided
 - b. current availability of these services in the public and private sector within the estimated catchment area
 - c. likely demand for the proposed services in the catchment area or target population
 - d. projected demographic and other factors that may affect demand for the proposed services.

SECTION E

Declaration by applicant or agent on behalf of applicant

If signing on behalf of the applicant please state in what capacity.

I declare that all the information I have given on this application form is true to the best of my knowledge and belief.

I understand this application and information provided with it may be distributed to relevant NSW Local Health Districts and within the NSW Ministry of Health and other appropriate agencies for review and comment to assist the assessment of the application.

I enclose the prescribed application fee.

Print Name:	Position:
Signature:	Date:

Please return the completed form together with the required documents as listed in Section D to the address as below. If paying by EFT on date of payment please send email as requested on the EFT form. Cheques should be included with the completed form:

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NSW Ministry of Health
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