AI Comms Pilot for General Practices – EOI Guidelines

The Hunter, New England, and Central Coast (HNECC) Primary Health Network (PHN) i.e., the PHN invites general practices to submit an Expression of Interest (EOI) to participate in the AI Communications i.e., AI Comms pilot. This is a time-limited pilot of 12 months only. Participation does not imply future commissioning, funding, or continuation beyond the evaluation period.

This initiative focuses on the evaluation and testing of AI Comms solutions serviced by technology suppliers i.e., suppliers, to evaluate the usage in supporting reception and administrative workflows, and to assess impact on patient access, workflow efficiency, and workforce sustainability.

Pilot Scope

Pilot Time Period Start: 2nd November 2026 and concludes: 28th November 2027 with a 6-month evaluation report due mid-way (May 2027) and at the conclusion.

The following section outlines the scope of the AI Comms pilot with select AI Comms suppliers and general practices.

In Scope

AI Comms pilot scope will include:

- Deployment of AI Comms tools supporting access and administrative workflows, including:
    - AI patient communication tools across voice, SMS, and chat channels (inbound and outbound)
    - Call handling, call routing, and overflow management, including after-hours support for routine enquiries
    - Appointment management, including booking, rescheduling, cancellations, and waitlist coordination
    - Automated patient communication, including reminders, recalls, confirmations, and follow-up messaging (non-clinical content only)
    - Handling of routine patient enquiries and FAQs (e.g. opening hours, billing, location, preparation instructions)
    - Structured, non-clinical data collection (e.g. intake or follow-up questions for administrative purposes)
    - Integration with practice management systems and scheduling workflows
    - Defined escalation pathways and handover to practice staff where requests fall outside configured scope
    - Pilot outcome evaluation*

*Note: Pilot outcome evaluation will be co-designed and facilitated by the PHN, in collaboration with selected suppliers and providers, to ensure safe data collection and aligned evaluation metrics.

Out of Scope

The following are explicitly excluded:

- AI scribe, ambient listening, or clinical documentation tools
- AI used for clinical decision-making, diagnosis, or treatment recommendations
- AI tools providing clinical advice, diagnosis, symptom interpretation, clinical triage, treatment recommendations, care pathway decision-making, or clinical decision support
- Interpretation of patient symptoms or clinical information

- Handling of clinical queries beyond escalation to a clinician or practice staff

Participating General Practices will be provided with the following:

Funded access to AI Comms tools for the 12-month evaluation period

- The PHN will provide funding up to $10,000 (excluding GST) to participating General Practices to support access to AI Comms tools for the 12-month period.
- Practices will select a supplier from a **PHN-approved shortlist** of AI Comms suppliers. An information webinar will be run by the PHN to support practices' selection.
- Practices will be responsible for engaging with and paying their selected supplier using the PHN-provided funding. No further funding is available, and the funding **must** cover the full 12-month pilot period.

AI Comms Pilot Support

AI Comms suppliers will provide:

Implementation and onboarding

- Initial system setup and configuration
- Support for integration with practice systems (e.g. telephony, PMS where applicable)
- Guidance on deployment within reception and administrative workflows

Training and support

- Initial training session(s) for relevant staff (e.g. reception, administration, practice managers)
- Access to supplier support channels (e.g. helpdesk, troubleshooting support)
- Ongoing guidance to support safe and effective use during the evaluation period

The PHN throughout the pilot will provide:

Governance and oversight

- Oversight of supplier participation and alignment to PHN governance requirements
- Support to identify and manage risks, including privacy, safety, and workflow impacts
- Coordination of evaluation activities across participating practices

Evaluation and reporting support

- Structured data collection and feedback processes
- Support to contribute to PHN-led outcome evaluation of safety, feasibility, and impact
- Opportunity to contribute to shared learnings across participating practices

General Practice Participation

Participation to the AI Comms pilot is eligible to general practices in the HNECC region to apply via EOI, subject to the following:

- **Accredited** General Practices operating within the HNECC region.

- Practices of all sizes are eligible, including:
  - Sole traders
  - Small, medium, and large group practices
- Multi-site practices may participate; however:
  - Participation is site-specific unless otherwise agreed.
  - Where call handling or workflows are shared across sites (e.g., centralised reception or call diversion), this must be clearly identified to assess implementation feasibility across impacted sites.
  - General Practices must be able to meet the Minimum Eligibility and Technical Requirements – refer to Appendix 1 at the end of this document.

Ineligibility includes:

- Applications from non-accredited general practice
- Applications from general practices that are outside of the Hunter, Central Coast and New England regions.
- Applications from general practices that are under administration or are not an ongoing concern.
- Applications from general practices who are not intending to continue trading for more than 12 months or are intending to sell their business.
- Applications from general practices that do not hold appropriate insurances, licences or qualifications.
- Applications from general practices that do not uphold Australian Privacy Policy and associated laws and regulations.
- Applications from general practices that do not demonstrate capability via qualified staff, contractors, or partners.
- Applications from general practices deemed ineligible by the PHN or judged to not meet the selection criteria or address the guiding principles.
- Aboriginal Community Controlled Health Organisations (ACCHOs) and general practices operated by the LHD.

Practice costs and responsibilities

Participating practices are expected to contribute to the evaluation through the following responsibilities and associated costs. Whilst the PHN will provide funding to support access to AI Comms tools, general practices remain responsible for and must agree to provide the following:

- **Staff time**, including:
  - Time required to attend training, onboarding, and evaluation activities
  - Ongoing time to support implementation and workflow adaptation
- **Existing service and infrastructure costs**, including:
  - Telephony provider costs (e.g. call routing, call charges, or service plans)
  - Internet connectivity and any required upgrades
- **Additional infrastructure (if required)**, including:
  - Any hardware or system changes needed to support integration (where applicable)
- **Operational costs outside of the funded scope**, where relevant
  - Any services or features not covered within PHN-provided funding
- **Supplier selection and engagement**
  - Selecting an AI Comms provider from the PHN-approved shortlist only
  - Establishing a direct relationship with the selected supplier for implementation and support
- **Staff participation and engagement**:
  - Attendance at supplier-led training sessions
  - Participation in onboarding, implementation, and workflow adjustment activities
  - Engagement in evaluation activities (e.g. surveys, feedback sessions)
- **Workflow integration and operational readiness:**
  - Supporting integration of AI Comms tools into existing reception and administrative processes

- Allocating internal staff time to support implementation and ongoing use
- Maintaining appropriate oversight of AI use within the practice

Expectations and Commitment

Participation is structured to support consistent evaluation and evidence generation.
General Practices may be asked to:

- Attend an initial kick-off or onboarding session (approximately 60 minutes).
- Participate in structured feedback sessions (approximately 30 minutes per month, up to 12 months).
- Engage in qualitative and quantitative data collection activities.
- Collaborate in refining workflows and implementation approaches.
- Demonstrate readiness to integrate learnings into business-as-usual operations.

Intended Pilot Outcomes include, but not limited to:

- Measure system usage and adoption across practices.
- Assess usability and workflow integration within practice operations.
- Evaluate impact on general practice administrative workload and efficiency.
- Assess changes in patient access and communication performance.
- Obtain evidence to inform future scalability and commissioning decisions.

EOI Assessment Criteria

As there are up to fourteen (14) places available in the pilot, EOI applications will undergo assessment by a panel against the following criteria, but not limited to:

- Eligibility and suitability for pilot participation including current systems and other technical requirements
- Responses demonstrate commitment to and capacity to undertake the pilot requirements including timeframe
- Responses demonstrate willingness for change implementation and management
- Distribution and variety of pilot general practices within the HNECC PHN region

Terms and Conditions

The following terms and conditions will apply to all successful applicants:

- The PHN Terms and Conditions will apply.
- The PHN will not reimburse any associated costs (outside of the provided funding), incurred in conjunction with undertaking the pilot. This includes staff wages.
- Practices require an ABN.
- Applications that do not meet the criteria will not be eligible.
- All conflicts of interest are to be declared.
- No substitutes of pilot general practice sites are allowed without permission from the PHN.
- The PHN reserves the right to extend the grant opening timeframe or close the grant earlier if fully subscribed.
- Applying is no guarantee of being offered a grant to participate in the pilot. Successful General Practices will be notified.
- Applicants may be contacted to discuss this eligibility and ability to meet the selection criteria. This will constitute part of the assessment.
- Successful applicants will be required to sign a grant agreement outlining the terms and conditions of the pilot.
- Previous funding recipients are eligible only if they have complied with any previous PHN funded contract commitments including performance, reporting and acquittal requirements.
- Payments will be made as a Recipient Created Tax Invoice.
- Applications are being accepted via the PHN's grants portal, SmartyGrants.

For more information please contact:

- The Grants team via email: grants@thephn.com.au

Appendix 1: Minimum Eligibility and Technical Requirements

To participate in of the AI Comms pilot, practices must demonstrate baseline readiness to safely implement, integrate, and operationalise AI Comms solutions within their existing practice operations.

The following minimum eligibility criteria are designed to ensure consistency, clinical safety, and feasibility of implementation across participating practices.

1. Practice Management System (PMS) Capability

Participating practices must demonstrate willingness and capability to support integration of AI Comms into existing systems and workflows.

This includes, but not limited to:

- Configuration of integration between:
  - Telephony systems
  - Practice Management Systems
    - Best Practice
    - Medical Director Pracsoft
  - Communication channels (e.g. SMS, online interfaces where applicable)
- Participation in testing, validation, and refinement phases
- Engagement with PHN and supplier implementation teams during onboarding

2. Telephony and Call Management Infrastructure

Practices must have a telephony environment capable of supporting integration with an AI comms solution.

At minimum, this includes:

- Ability to route, forward, or divert inbound calls
- Support for call overflow and queue management
- Capacity to integrate with, or connect to, external call handling platforms
- Cloud-based telephony systems are strongly preferred.

Practices using legacy or fixed-line systems must demonstrate that call routing and integration can be enabled without significant infrastructure redesign.

3. Digital Connectivity and Network Environment

Practices must have:

- Reliable internet connectivity sufficient to support real-time call handling and cloud-based platforms
- An internal network that enables access to:
  - Web-based administration dashboards
  - Messaging and workflow interfaces

This is essential to ensure stability of AI interactions and continuity of reception operations.

4. Governance, Privacy and Safety Requirements

Practices must operate in alignment with Australian Privacy Principles and primary care governance standards.

As part of participation, practices must:

- Support implementation of appropriate privacy, consent, and data handling safeguards
- Participate in risk assessment and mitigation activities led by the PHN
- Ensure that:
    - Patients are appropriately informed where AI is used in communication pathways
    - Clear escalation pathways to human staff are maintained

5. Operational and Change Readiness

Practices must demonstrate sufficient organisational readiness to support implementation and sustained use of AI Comms. This includes:

- Practice leadership endorsement of participation
- Willingness to:
    - Adapt reception and administrative workflows
    - Support staff engagement and onboarding
- Capacity to participate in:
    - Implementation activities, ongoing evaluation and feedback processes
    - integrate the solution into BAU operations over the course of the initiative.