Industry Briefing Meeting Minutes

20 January 2020: 10.30 am - 11.30 am

Facilitator: Natalie Seed
Minutes: Leisa Leon

Attendees: Jennifer Collins (Silver Chain Group), Glen Cormick (Medibank Health Solutions), Anne Gravette (Merri Health), Laura Chapman (Women's Health Hub), Greg Bourke (Cohealth), Clark Chambers (Silver Chain Group), Amelia Watkins (Merri Health), Lea Castro (Kings Park Medical Centre), Stephanie Houghton (Hepatitis Victoria), Mark Round (Advance Healthcare), Steven Mantopoulous (Melbourne Health), Luke Surkitt (Advance Healthcare), Sharon Malcolm (Cohealth), Sebastian Buccheri (IPC Health Deer Park), Shawn Lee (DPV Health), Jean Ong (Women's Health Hub), Janet Firth & Barbara Walker (Centre for Pain Management, St Vincent's Hospital Melbourne), Jenny Colt, Roxanne Strauss (DPV Health).

	Standing Items
1	**Welcome, acknowledgement of country and introductions** Janelle Devereux (Executive Director, Health Systems Integration) provided an acknowledgement of country, as well as welcomed service providers to NWMPHN.
2	**About North Western Melbourne PHN (NWMPHN)** Janelle Devereux (Executive Director, Health Systems Integration) provided an overview of NWMPHN, the catchment and priority populations. See PowerPoint slides, which can be found as Addendum 1 on Tenderlink, for specific information Other points to note: • NWMPHN was established by Commonwealth to increase effectiveness and efficiency of health services. • Understand the needs of the community and work with others in partnership to address the needs. We are here to target and focus on improving those who are most at risk. • We aim to improve access to and quality of Primary health care, very long standing relationship with GPs in the region and the commonwealth. We have 560 practices within our region – along with the health professionals that work in those practices. • We are here to commission services to meet the needs of the priority populations. Mental health, drug and alcohol and suicide prevention. • We have complex and fragmented health services within our catchment.

	• We have a diverse community that creates some complexities with providing health services.
3	**Probity Briefing** Gareth Davies (Director, Procurement) provided an overview of the probity rules and requirements. See PowerPoint slides, which can be found as Addendum 1 on Tenderlink, for specific information Other points to consider: We are open to scrutiny internally and externally regarding our procedures. We want you to be certain that we are treating your bids carefully and fairly. We are also looking for the best outcomes – how much are we getting through the bids? What is the quality of the outcomes going to be? - There is no bias or selection bought into the process. You are assessed on your capability to fulfil the bids. We manage actively conflict of interest, there are 3 steps to understand any conflicts of interest throughout the application process. Benefits of bidding with NWMPHN work: - Level playing field - Limited Risk of you being uncertain of what we're doing and how we're doing it. Obligations that you need to know: - Do not directly approach PHN staff to ask questions regarding the tender. It must go through Tenderlink. - You have a duty to declare conflicts of interest. Identify where uncertain as a possible conflict of interest if you are unsure. Any problems with Tenderlink from access or functionality – TenderLink must be contacted directly. Anything subject matter related should come through as a query to PHN.
4	**Background and context for briefing** Marie-Louise Neary (Acting Director, Integrated Care) provided an overview of the background and content of the tender. See PowerPoint slides, which can be found as Addendum 1 on Tenderlink, for specific information Points to consider: Key elements - Multimodal approach (self-management, pain education and mind based therapy as well as GP response)

	- Integrated – must work with the system and in partnership with other services. Under-pinned by a psychosocial approach. Underpinned by MDT response. Principles of care - Consumer focused and context in which they live - Delivering care at the right place, right time and is right for the person - Be in partnership with what is already existing - Underpinned by skilled staff - Outcomes focused: what does the service need/want to achieve?
5	**Evaluation Criteria** Marie-Louise Neary also provided an overview of the evaluation that will be used during the tender review process. Please see details on the Industry Briefing PowerPoint slides for specific information.

6	**Questions**
	
	Questions from tender briefing.
	
	- The total funding amount is $500k per annum?
	  o Total funding for each region (Northern and Western) is **$500,000 for the two-year period**. The data we have access to is limited and as service providers you have an understanding of what an effective service model may look like for your region, or a certain population in your region, what costs are associated with this and what is possible within the scope of activities and budget.
	
	- Can a bidder pick a certain area within the region for delivery?
	  o The specified regions are large as we don't have access to sufficient data to identify a specific target region/population and we want to build our understanding of what can be delivered. It is not expected that the successful provider will deliver the service/program to everyone, across the whole region, applicants may specify an area/s within the region to deliver the service based on need. Evidence for this selection will be required.
	
	- EPPOC: what are the final expectations of the evaluation? What is the process of submitting the data?

- EPPOC has its own software suite where data is entered. We are evolving our understanding of how we will collect data, speaking to EPPOC and other PHNs who utilise the system currently. It will likely be that the applicant submits the required data to the PHN and we input it into the portal. The question is more how would you collect that data to submit to us for entering into the software, e.g. spreadsheet, existing data storage program?

- Are you looking for one successful provider per region?
  - Yes.

- How have the number of clients per year been calculated?
  - In the process of scoping this activity, we have engaged with other PHNs and services which have taken similar services. Broadly what their cost per participant came out as (in established services) was considered. The range provided in the tender allows for higher per client spend to recognise the cost that establishment will incur. We felt this was reasonable for services to establish and deliver the number of clients per year. This should enable a quality program and reach enough clients to create a valuable service.

- In the tenders do you want to see both the objectives being met? Can you put in a tender addressing only one of the objectives?
  - Both objectives must be addressed by the service in the submission. We want to understand how the described service integrates with other services and where there is potential for new relationships and linkages to be developed.

- Any thoughts around innovation? i.e. telehealth?
  - We are open to any innovations, it is open to applicants to design the service in the way that they see fit to meet the needs of their community.

- Is there scope for covering one area of chronic pain i.e. chronic hip pain? Or do you feel that it must be a broad diagnosis of chronic pain?
  - It is all about the evidence you provide in the tender process that has a strong rationale to support you looking at one specific area. What is the need in the local community? A rationale for selecting a specific area of chronic pain should be included in the submission. If a specific area of chronic pain is selected, the submission must still meet all the evaluation criteria to be successful.

- You envisage this multidisciplinary team being delivered in GP practices, Community Health Services, are they the types of setting?
  - Currently there are great specialist hospital services that are difficult to access and for us we are trying to look at how can we provide services in a community setting and keep people out of hospital and well in the community.

- The model of care will be similar to what is currently delivered in the tertiary settings?
  - Yes, as it will have a multidisciplinary approach but make it easier to access, especially earlier in the disease trajectory, in the community setting.

- EPPOC: Would it be possible to provide data in a different way? Are there issues with privacy by PHN receiving data?
  - There is ongoing discussions with PHNs currently using EPPOC to understand what data submission model is best for this activity. There may be a

transition period where the PHN is heavily involved in supporting the service inputting the data at the beginning of the contract.

- Access to data from PHN?
    - This is an ongoing conversation with EPPOC. We don't want to create an inefficient process if there is already an efficient process in place.

- Is the available data extracted from Pencat?
    - No, GP data has not been utilised as there is not specific chronic pain data collected consistently by practices. The information used to develop this tender was obtained more broadly from talking to stakeholders and community members.

- If you are successful in the tender, you are putting forward 2 data sets, is that correct? The EPPOC data and the primary care mental health minimum data set?
    - Yes, as some of the funding is from our Mental Health team the primary health mental minimum data set is required to be collected and submitted. We are currently working to identify where there is crossover between the two data sets.

- How are you envisaging how it would work with my aged care?
    - We need to review the question and respond separately.