

Primary Care Proactive Engagement Activity: Terms of Agreement

North Western Melbourne Primary Health Network (NWMPHN), operated by Melbourne Primary Care Network (MPCN), is funding support for general practices to actively engage with at-risk communities to increase uptake of COVID-19 and influenza vaccinations and early assessment and treatment for COVID-19.

This is a funded initiative of the Australian Government under the Vulnerable Population program. It offers short-term local solutions to supplement existing arrangements for the delivery of vaccinations to at-risk cohorts.

Purpose

To support general practices through funding and resources to engage with their vulnerable patients. The aim is to:

- provide information and support
- enable access to COVID-19 and influenza vaccinations
- plan for early testing and treatment.

Target populations

The target populations are cohorts that:

- are under-vaccinated
- have chronic or complex conditions
- are aged over 50
- are pregnant
- identify as Aboriginal or Torres Strait Islander
- have a body mass index 30 or above (> 95th percentile for children)
- are immunocompromised
- are receiving chemotherapy.

Who is eligible to register for the grant?

To be eligible, a practice must confirm they meet the following mandatory criteria:

1. It must be located in the NWMPHN catchment
2. Be a current licensed Commonwealth COVID-19 vaccine provider
3. Agree that it is not permitted to charge co-payments for COVID-19 vaccine administration, consistent with the Australian Government's commitment that the vaccine will be free
4. Have current insurances for:
 - public liability: minimum \$20 million per claim
 - professional or medical indemnity: minimum \$10 million per claim
 - Workers compensation

I can confirm the practice meets the 4 mandatory criteria listed above.

What activities are required to be undertaken by the practice?

Each participating practice must agree to:

1. Conduct database searches to identify vulnerable patients at risk of poor outcomes if they contract COVID-19.
2. Proactively reach out to the vulnerable patient cohort
3. Contact a minimum of 150 individuals by phone but aim to contact 200-plus.
4. Conduct phone screening and organise follow-up appointments for those who require:
 - a. a COVID-19 or influenza vaccination or
 - b. a GP consultation to assess and plan for early antiviral prescription
5. Develop winter treatment plans for consenting individuals
6. Undertake the activities within a maximum 8-week period from registration approval
7. Submit data to NWMPHN within 3 weeks of completion of the activity period. The data must be submitted using the online Microsoft Form and will require the following:
 - number of vulnerable patients identified from the database
 - number of patients contacted
 - number of patients progressed to a screening conversation
 - number of COVID-19 and Influenza vaccines administered
 - number of winter preparedness plans completed

I agree to undertake all the activities listed above which serve as the Terms of this Agreement

NWMPHN responsibilities

1. NWMPHN will fund \$5,000 (ex GST) per practice for this activity.
2. NWMPHN will provide resources to assist the practice. It is not mandatory to use them, but they comprise:
 - an activity description guide
 - winter treatment plan templates
 - guidelines on how to conduct a database search
 - a tracking template for daily data collection
 - other resources available on the NWMPHN website: [COVID-19 Treatment Planning in General Practice](#).
3. Data collected from practices will be provided to the Commonwealth in accordance with NWMPHN's funding responsibilities.

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Payments

1. \$5,000 (ex GST) is available per practice for this activity.
2. 50 per cent will be payable at the start of activity on receipt of an invoice.
3. The balance will be provided at the end of the activity with submission of activity data and on receipt of an invoice.
4. NWMPHN reserves the right to decrease the final payment if no data is submitted or if the data indicates that all the activities have not been undertaken.
5. NWMPHN will make payment with 30 days of receiving of a correctly rendered invoice.

Agreement to Terms

DECLARATION

I declare that:

- The information provided in this registration form is complete, true and correct and that I am authorised by my general practice to provide it.
- I understand and meet the mandatory criteria for the participation in the Primary Care Proactive Engagement grant.
- I agree to adhere to the eligibility terms (mandatory criteria and activities to be undertaken) within this registration form, which will function as terms of this service agreement.
- I consent to North Western Melbourne Primary Health Network's collection, use and disclosure of my personal information for the purposes set out in the privacy notice.

PHN Contacts

Christine Ferlazzo Phone: 9347 1188 Email: Christine.ferlazzo@nwmpnh.org.au	Shinae Tobin-Salzman Phone: 9347 1188 Email: Shinae.Tobin-Salzman@nwmpnh.org.au
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