Sunbury Priority Primary Care Centre

North Western Melbourne Primary Health Network (NWMPHN) invites expressions of interest from eligible primary care providers to establish a Priority Primary Care Centre in Sunbury.

Priority Primary Care Centres (PPCCs), funded by the Victorian Government, seek to reduce demand on hospital emergency departments and increase access to care for primary care presentations. They will provide GP-led care for urgent but non-life-threatening conditions such as mild infections, fractures and burns. They will also offer pathology and imaging services. Care will be provided 7 days a week, up to 16 hours a day, and will be available at no cost to the patient to anyone with or without a Medicare card.

**This document provides information and application forms for eligible primary care providers to submit an expression of interest to operate the Sunbury Priority Primary Care Centre.**

It includes:

* Part A: The activity
* Part B: About North Western Melbourne Primary Health Network
* Part C: How to apply
* Part D: Application form
* Appendix 1 – Service delivery model
* Appendix 2 – Proposed draft contract departures table

**Part A: The activity**

**1. Background**

The Victorian Government is funding 25 Priority Primary Care Centres (PPCCs) across the state. Primary Health Networks are commissioning these in their respective regions, with more than 20 sites currently operational. Details are available on the [Better Health Channel Priority Primary Care Centre webpage](https://www.betterhealth.vic.gov.au/health/servicesandsupport/priority-primary-care-centres).

A PPCC will be established in Sunbury as a satellite site supporting the Royal Melbourne Hospital. Given the geographical location, the Sunbury PPCC will also establish integrated pathways and protocols with other relevant local hospitals and services, including (but not limited to) Western Health, Ambulance Victoria and the Victorian Virtual Emergency Department.

An initial approach to market in late 2022 did not identify a preferred provider for the Sunbury PPCC. This call for expressions of interest is a second approach to market, to ensure the community in Sunbury and surrounding areas have equitable access to PPCC services.

**2. Activity Purpose, Term and Funding**

The PPCC initiative seeks to reduce demand on hospital emergency departments and increase access to care for urgent primary care type presentations. PPCCs are GP-led services, partnered with an emergency department, to provide urgent primary care for people of all ages (for example, mild infections, fractures, and burns). PPCCs provide a viable alternative for people with conditions that require urgent attention but not an emergency response. They are free for people of all ages (with or without a Medicare card) and are open in the after-hours period.

The Victorian Department of Health has provided funding for PPCC services to operate for 12 months. Infection prevention and control requirements must be met before services can start.

An initial **establishment grant of up to $150,000 (ex. GST)** will be available to the PPCC service provider. Additionally, a**monthly operating grant of approximately $180,000 (ex. GST)** is available, in line with the PPCC service model. This cannot be used to support existing services or operating hours.

**3.** **What’s required?**

The PPCC will:

* be GP-led supported by nursing and administration staff
* provide care for people of all ages
* provide a viable alternative for people with conditions that require urgent attention, but not an emergency response
* see patients referred, or self-referred, or who present as a ‘walk in’. Patients may be referred to a PPCC from many sources, with pathways and protocols to be established with hospital emergency departments, Ambulance Victoria, NURSE-ON-CALL, the Victorian Virtual Emergency Department and the Maternal and Child Health Line.

**4. Eligibility Requirements**

To be eligible, applicants must:

* meet the mandatory criteria specified in the EOI application
* meet the [PPCC specifications (.pdf)](https://nwmphn.org.au/wp-content/uploads/2022/10/PPCC-specifications-FINAL-July-2022.pdf) before commencement of the service
* agree to an external infection prevention and control assessment, and act on any recommendations arising, before commencing service
* comply with relevant State and Commonwealth guidance on infection prevention and control and the use of personal protective equipment
* agree to provide services to people with and without a Medicare care, with no out-of-pocket costs to patients, including wherever possible for diagnostics (acknowledging this may depend on local provider partnerships)
* demonstrate ability to scale up to full operating hours (16 hours a day, 7 days a week including public holidays) within 6 weeks of opening
* demonstrate capacity to operate for 12 months
* agree to participate in establishing and operating bi-directional referral pathways
* agree to support an integrated response by participating in regular operational meetings with NWMPHN, local clinical working group comprising relevant services including the associated emergency department, and an improvement network.

**5. Attachments**

The proposed Draft Contract is available to [download (.pdf)](https://nwmphn.org.au/wp-content/uploads/2022/10/Draft-Contract-PPCCs.pdf). This will be used to engage successful applicants. The resulting agreement will be governed by the relevant terms, conditions and service specifications. Please complete **Appendix 2 – Contract Departures Table** (if required) and return with the EOI response by the closing date and time.

Please refer **Part C: How to Apply – Section 2: Assessment Process** for more information about proposed departures to the Draft Contract.

NWMPHN Credentialling Policy Requirements: [Commissioned Clinical Services Credentialing and Safety Compliance Policy](https://app.prompt.org.au/download/184139?code=d3c1c1a6-ee24-4f4b-b2f1-f3d8873b6937) and [Clinical Governance Framework](https://app.prompt.org.au/download/184686?code=6b1dc9eb-2f3b-4c3c-a9a0-3a58be19f0b4)

Also attached are the [Victorian Department of Health PPCC Service Specifications (.pdf)](https://nwmphn.org.au/wp-content/uploads/2022/10/PPCC-specifications-FINAL-July-2022.pdf)

*A note on hyperlinks to documents: NWMPHN uses the Prompt document management system. Access is free and applicants do not need an account to view documents in Prompt. Clicking the document links launches the Prompt download page and the document download will start immediately. NWMPHN encourages applicants to access documents through the above links each time, to ensure the most current version is viewed. Please complete and return any forms to NWMPHN in accordance with the EOI requirements.*

**Part B: About** **North Western Melbourne Primary Health Network**

Melbourne Primary Care Network (MPCN), trading as North Western Melbourne Primary Health Network (NWMPHN), is an independent, locally governed and run, not-for-profit organisation dedicated to improving primary health care in local communities. It is one of 31 primary health networks (PHNs) formally established across Australia from 1 July 2015.

PHNs aim to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination to ensure patients receive the right care in the right place, at the right time.

They also work with the primary health care sector to improve frontline services and collaborate with local hospital networks to ensure better integration between primary and acute care services.

NWMPHN is the largest PHN in Victoria by population. Its region covers approximately 3,200 square kilometres across the Melbourne CBD, north and western suburbs and adjacent rural areas, encompassing 13 Local Government Areas.

A core task is to improve health outcomes for communities by fostering innovation, leveraging and coordinating existing community and organisational assets, and driving value for money.

NWMPHN has four key strategic goals:

* **Transform primary health care** by supporting the delivery of high-quality, integrated and person-centred services in its catchment area.
* **Undertake strategic, evidence-****based and targeted commissioning** that improves health outcomes for priority populations, through the delivery of high-quality, equitable and accessible care.
* **Activate community and partnerships** by contributing to the development of an interconnected health care system in its catchment through community and stakeholder engagement, research activities and partnerships.
* **Strive for excellence** in our culture and organisational capability to deliver impact.

Part C: How to Apply

**1. Application Submission**

This EOI includes an application form for parties interested in establishing a PPCC in Sunbury. The Victorian Department of Health specifies that this must be a clinic currently operating from Sunbury, and that practices operating in a suburb/area outside of Sunbury cannot be considered.

Please complete the required application form(s) (Part D) and email it with supporting documentation to primarycare@nwmphn.org.au

**Applications close at 3pm (AEST) on Thursday, 20 April 2023.**

Please direct all queries during the EOI open period, in writing only, to primarycare@nwmphn.org.au

The deadline for queries is 5pm (AEST) on Tuesday, 18 April 2023.

Applicants must provide clear evidence of their capability and capacity to deliver the services they are applying for. This includes and is not limited to:

* articulating how the Applicant will meet the requirements of the services
* demonstrate evidence of existing capability and capacity to meet EOI requirements
* provide specific details and/or examples to assure NWMPHN of applicant’s ability to deliver quality, safety and continuous improvement throughout service delivery
* attach supporting documents as evidence to support statements made in the application

NWMPHN is not obliged to accept applications submitted after the EOI closes. Where an applicant provides evidence of exceptional circumstances related to late submissions, NWMPHN may, at its sole discretion, decide to accept them, but is not obliged to do so.

**2. Assessment Process**

All applications received by the submission deadline (or otherwise accepted by NWMPHN using its discretion) will be evaluated in accordance with the relevant criteria, EOI specifications and prescribed site requirements.

NWMPHN may also consider other factors relevant to the applicant’s suitability, including conflicts of interest, financial viability and current insurance.

Where referees are requested as part of this process, NWMPHN may contact them and use their comments in its assessment.

Where NWMPHN considers that an application contains an ambiguity, unintentional error or minor omission, it may, at its sole discretion, contact the applicant and invite clarification or correction. It will not do so where this would unfairly disadvantage other applicants.

NWMPHN may conduct interviews with some or all applicants to assist in making a final decision. Interviews are an opportunity to ask questions to better understand a submission, not an opportunity to make changes or submit new material.

Applicants must clearly specify and justify all proposed departures from the Draft Contract in their EOI response using the form provided in Appendix 2. Applicants will be disqualified from the EOI if departures are not submitted with the EOI application form but are sought by Applicants at later stages of the process. NWMPHN is not obligated to accept Applicants proposed Draft Contract departures at any stage of the EOI.

Successful Applicants who have current Head Agreements with NWMPHN will be issued a Schedule under the Head Agreement. These Applicants are not required to use the proposed Draft Contract unless the Applicant chooses to do so.

All applicants will be notified. Unsuccessful applicants may apply for feedback in writing or verbally via primarycare@nwmphn.org.au

**3. Contractual Arrangements**

NWMPHN receives funding from the Australian Government, the Victorian Government, and other government and non-government sources. Each funding source may have requirements regarding consultancies and sub-contractors. Successful applicants must comply with these.

A successful applicant will be expected to:

* enter into an agreement in a form specified by NWMPHN
* sign a confidentiality and non-disclosure agreement
* provide due diligence information such as a statement of solvency
* provide certificates of currency for relevant insurances:
	+ Workcover or similar
	+ public liability to $20 million for any one claim
	+ professional indemnity to $20 million any one claim
* undertake a financial audit for services exceeding $100,000 in the aggregate per financial year
* consider itself a “Commonwealth service provider” for the purposes of the [Ombudsman Act 1976](https://www.legislation.gov.au/Series/C2004A01611)
* ensure that personnel, including sub-contractors who may come into contact with vulnerable people as part of the work have undertaken a national police check, a Working with Children check and, if relevant, have developed a risk assessment and management plan
* comply with relevant legislation, as specified from time to time.
* comply with NWMPHN credentialing policy requirements (see section Part A: Section 5 above)

Applicants must disclose any actual, perceived or potential conflicts of interest. A conflict of interest arises where a person makes a decision or exercises power in any way that may or may be perceived to be, influence by either professional, commercial or personal interests or associations. NWMPHN maintains a *Register of Conflicts of Interest and Related* *Entities*, and reports its contents to our funding bodies as required.

NWMPHN may seek formal government approval to disclose contract details including legal and trading name of successful applicant, the nature and duration of the work to be undertaken, and the procurement process. Approval is granted at the discretion of the government department.

Relevant departments may require additional information at any time, which NWMPHN is obliged to provide. Relevant departments may list this information on websites from time-to-time.

**4. No contract or warranty**

No legal relationship is created by the issue of this Expression of Interest, or the submission of any application in response to it.

NWMPHN is under no obligation to award a contract to any applicant as a result of this process.

NWMPHN has taken reasonable steps to ensure that all information presented here is accurate at the time of issue. However, the organisation accepts no responsibility for errors or omissions and recommends that applicants make their own enquiries about any matter relevant to the preparation of an application.

Part D: Application Form – EOI – Sunbury PPCC

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| **Applicant name:** |
| **Name of practice:**  |
| **ABN/ACN:** |
| **Address:** |
| **Applicant details:**  | **Phone:** | **Email:** |
| **Practice manager details:** | **Phone:** | **Email:** |
| **Practice principal details:** | **Phone:** | **Email:** |
| **ELIGIBILITY QUESTIONS****Please check the boxes to confirm compliance** |
| **Mandatory criteria:**I, the applicant, confirm that the proposed PPCC site: * meets or has capacity to meet the PPCC specifications before commencement of the service (ensure Appendix 1 is completed)
* is located in the suburb of Sunbury

And, by ticking the boxes, I agree to: * an external Infection Prevention Control assessment and to act on recommendations arising before commencement of the service
* comply with relevant State and Commonwealth guidance on infection prevention and control and the use of personal protective equipment
* provide services to people with and without a Medicare card, with no out of pocket costs to patient including wherever possible for diagnostics, acknowledging this may depend on local provider partnerships
* establish operating bi-directional referral pathways and protocols in partnership with relevant health and other supporting services eg Ambulance Victoria
* participate in regular contract meetings with the PHN, and local clinical working groups comprising services including the local hospital emergency department and an improvement network
* scale up to full agreed operating hours in 6 weeks of opening and operate for 12 months from contract execution.
* provide regular de-identified patient data to enable clinical throughput to be analysed, and adjustments made as required
* provide regular data updates to NWMPHN in line with supplied data and reporting specifications
* undertake appropriate medical record-keeping using recognised practice management software
* be willing and able to participate in any evaluation processes undertaken.
 |

**Insurances and other requirements – please complete.**

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| **Item** | **Response checklist**  |
| 1. The applicant must maintain and comply with insurance requirements. Please submit the following certificates of currency with this application and check the boxes to the right to confirm:
* Public liability: minimum $20 million per claim
* Medical indemnity for the practice: minimum $20 million per claim
* Medical indemnity for all medical practitioners working in the facility: minimum $20 million per claim
* Workers’ compensation
 | ☐ Public liability: minimum $20 million ☐ Medical indemnity (for the Practice): minimum $20 million per claim ☐ Medical indemnity (for all medical practitioners working in the facility): minimum $20 million per claim  ☐ Workers’ compensation **Evidence of the above should be attached to this application.**  |
| 1. The applicant must be currently accredited against RACGP Standards. Check the box to the right to confirm.
 | ☐ RACGP Standards accreditation evidence attached to application **Evidence should be attached to this application.**  |
| 1. Is the applicant willing to enter into a contract with NWMPHN in the form of the Draft Contract (Standard Standalone Service Agreement) if successful?

*To be evaluated for this EOI, proposed departures must be submitted with this application form. Departures proposed after the EOI closes will not be considered.* | ☐ Yes - Without proposed departures.☐ Yes - With proposed departures. Applicant must complete - Appendix 2 as part of the EOI response. |

**Weighted Evaluation Criteria**

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| Note: Applicants should not exceed the prescribed word limit. Additional words may not be considered. Applicants are not obliged to reach the word limit. | **WEIGHTING** |
| 1. **Please provide an overview or your organisation’s current service delivery model.** (500 words)

**Guidance:** *This is to demonstrate your experience and ability to deliver quality clinical**primary care***.** *Including current staffing model/profile, business model, IT systems and support, existing partnerships, hours of operation, (include attachments if required).***Applicant response:** | 15% |
| 1. **How have you successfully upscaled in clinical service delivery within your organisation?** (500 words)

**Guidance:** *Providing an example of why the upscaling was required, how it was implemented, managed, evaluated and if the overall outcomes were achieved. Where possible this should be an example beyond just usual business growth and relevant to the application.***Applicant response:** | 20% |
| **Part A: Please complete the Service Delivery Model table in Appendix 1 as part of this response.****Part B:** **Describe how you propose to deliver additional clinical services outlined within the scope of this EOI to the community.** (500 words)**Guidance:** *Outlining capacity to establish external stakeholder relationships with intent to develop, formalised working agreements, and bidirectional referrals between services.***Applicant response:** | 30% (total) |
| 1. **Explain how you will build on existing resources or develop additional resources to support the capacity of your organisation to deliver additional services within the scope of this EOI.** (500 words)

**Guidance**: *Include the structure of your proposed team, roles, and responsibilities of key personnel. If recruitment is required, include recruitment plan and induction process for incumbent staffing. If resources include infrastructure, please provide information on items required including plans and associated costs to obtain resources.***Applicant response:** | 25% |
| 1. **Explain how you propose to effectively manage data for the PPCC that will support patient management as well as facilitate evaluation and monitoring of the PPCC initiative**. (500 words)

**Guidance:** Please provide information on * *how you intend to comply with PPCC requirements and applicable laws in relation to the collection, storage, access, use or disclosure of data.*
* *organisational data policies*
* *current processes for utilising data for quality improvement activities.*

**Applicant response:** | 10% |
| **Where you are aware of any actual,** **perceived or potential conflicts of interest in relation to this activity, please provide a detailed response addressing:**1. **the particulars of any conflicts; and**
2. **details of the process and procedures used to manage or resolve them**. (max. 250 words)

**Applicant response:** |
| **Please provide any additional information to support your application.** **Applicant response:** |
| **REFEREES** **Please provide details for two referees.** **NWMPHN staff cannot be nominates as references for this application.**  |
| **Referee #1****Name:****Organisation:****Phone:****Email:** | **Referee #2****Name:****Organisation:****Phone:****Email:** |

**Appendix 1 - Service Delivery Model.**

**MUST BE COMPLETED AS PART OF THIS APPLICATION**

**Specification checklist – PPCC clinic requirements**

To be eligible for this project applicants must be able to fulfill each of these criteria.

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| 1. **Infrastructure/facilities**
 | **Response**  |
| Please select the option that best describes the proposed PPCC facility:    | ☐ New standalone facility ☐ Alongside existing GP facility ☐ Alongside existing community health service facility ☐ Other, please specify:  |
| Please describe the facilities and infrastructure of the proposed PPCC that will support effective patient management in line with the [PPCC specifications (.pdf)](https://nwmphn.org.au/wp-content/uploads/2022/10/PPCC-specifications-FINAL-July-2022.pdf)  including: including: * treatment rooms
* waiting areas
* ambulance access
* telehealth facilities

 Include details, timelines and costings for all planned facility modifications.  | Treatment rooms  Waiting areas  Ambulance access  Telehealth facilities  If required: Costs for facility modifications: Timelines for all modifications:  |
| Describe how the proposed PPCC complies with relevant State and Commonwealth guidance on infection prevention and control and the use of personal protective equipment.  |   |

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| 1. **Accessibility**
 | **Response**  |
| *Opening hours* PPCCs are provided funding to be open for extended hours (up to 16 hours per day), 7 days a week, including public holidays\*. A staged approach to opening to full capacity over 6 weeks, with priority in after-hours and weekends, will be included in final contract documents.  Services are expected to commence mutually agreed initial opening hours within 3 weeks of contracting.  In the table, please detail the planned full capacity opening hours of the proposed PPCC. \*Options may be considered for practices to be open less than 16 hours per day, with a reduced funding allocation. If you feel that your clinic could not achieve up to 16 hours per day, please outline your proposal in the response. Please note that in the event of a service operating an agreed reduced hours model, the preference would be service in the after-hours periods and weekends.  | Days  | Opening time (at commencement) | Closing time (at commencement) |
| Monday  |   |   |
| Tuesday  |   |   |
| Wednesday  |   |   |
| Thursday   |   |   |
| Friday  |   |   |
| Saturday  |   |   |
| Sunday  |   |   |
| Please include plans and timeframes to scale up service to 16 hours per day. \*Please include your proposal for a reduced hours of operation model if you are unable to meet the 16 hours per day 7 days a week model and the rationale. |
| *Safe after-hours access* Please provide details of how the PPCC will ensure safe after-hours access.  Please include details, timelines and costing for any planned activities, such as facility modifications, lighting, and security upgrades, to improve safe access.  |   |
| *Accessibility by public transport* How is the proposed PPCC service accessed by public transport? Detail the proximity to train stations, bus connections, and so forth.  |   |
| *Ambulance access* Is the proposed PPCC facility easily accessible by ambulance? Does it have parking that can be dedicated for ambulance use? Please include details, timelines and costing for any planned activities to improve ambulance access.  |   |
| *Patient parking* Is patient parking available onsite or nearby to proposed PPCC facility? Please outline the location and quantity of parking as well as details, timelines and costing for any planned activities to improve patient parking.  |   |
| *Appointment structure/access* PPCCs will provide services via phone and online booking system, referrals and walk-ins. Describe how the proposed facility will manage this patient flow. Include details, timelines and costings for any activities to improve appointment accessibility.   |   |
| *Capacity*Unless otherwise specified, PPCCs need to be able to see approximately 330 patients per week, when operating at full capacity.  Please outline how the proposed facility will meet this criterion. *\***the number of people support by each PPCC may vary, depending on location and demand patterns*  |   |

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| 1. **Staffing/workforce**
 | **Response**  |
| PPCCs are GP-led services supported by nursing and administration staff. Additional staff can be considered.Outline current and planned staffing for the proposed PPCC, including numbers and fixed term employees (FTE) for all clinical and non-clinical staff.  Detail whether staff are currently contracted or will need to be recruited.  Outline the processes that will be used to ensure all clinical staff are appropriately qualified, AHPRA registered and have the required medical indemnity.  |   |

**Specification checklist – Service Model requirements**

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| 1. **Patient cohort**
 | **Response**  |
| Provide details of how the PPCC will ensure there are appropriate triage protocols in place to ensure care can be provided for people of all ages.   |   |
| Describe how the PPCC will have the capacity and capability to assess and treat a broad range of low acuity presentations in adults and children, including: * mild infections
* fractures
* burns.
 |   |
| Describe how the proposed PPCC will ensure capacity and capability to treat diverse patient cohorts including at-risk populations, and patients without Medicare cards. This should include access to interpreters when required.  |   |

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| 1. **Referral pathways**
 | **Response**  |
| How will the proposed PPCC partner with the nominated emergency department, and Ambulance Victoria, to establish and participate in multi-directional referral pathways? Detail any existing arrangements or other enablers, as well as any planned activities, which would support the establishment of partnerships and referral pathways.  |   |
| Describe the referral and discharge protocols, including: * provision of appropriate referrals to health services, Ambulance Victoria, and other services
* discharge summaries to the patient’s usual GP or care practitioners and My Health Record to ensure continuity of care.
 |   |
| Describe how the proposed PPCC will support patients to identify and access ongoing GP care where they don’t have a regular GP, such as through the National Health Service directory.  |   |
| Describe how the proposed PPCC will access secure messaging to support referral pathways.  |   |

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| 1. **Ancillary Services**
 | **Response**  |
| How will the proposed PPCC provide patients with access to diagnostic services, including pathology and imaging, either onsite or nearby, including in the after-hours period? Provide details of any subcontractor arrangements.  |   |
| How will the proposed PPCC facilitate after-hours access to pharmacy?  |   |

**Appendix 2 – Proposed Draft Contract departures table**

Refer to Part C: Section 2 for the Draft Contract proposed departure requirements when completing this form. If not proposing departures, please mark the table as ‘Not Applicable’ when submitting the EOI application form.

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| **Clause/Item Number** | **Question or Proposed Change** | **Reason for Proposed Change** | **NWMPHN Response** |
| *Please indicate clearly if it is a* ***Clause*** *or* ***Item*** *of the Contract you are referring to [EG:* Page 11 **Clause** 6.3 Licence **of** Contractor Materials to PHN *vs* Page 31 **Item 6.3** Excluded Developed Material (to be owned by the Contractor)*]* | *Please clearly state the question and/or proposed change for NWMPHN to easily understand the matter.* | *Please make clear statements for NWMPHN to easily understand the matter.* | *If applicant is successful, NWMPHN will provide a response to questions and accept or reject departures, during negotiations.* |
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