

North Western Melbourne - PHN Pilots and Targeted Programs

2019/20 - 2023/24

Activity Summary View



PP&TP-GP - 4 - Strengthening Medicare – General Practice Grants Program AWP 23/24



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GP

Activity Number *

4

Activity Title *

Strengthening Medicare – General Practice Grants Program AWP 23/24

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Population health/GP support

Aim of Activity *

This activity is to establish, administer and manage the Strengthening Medicare – General Practice Grants Program.

The grants will be available for general practices and eligible ACCHS to make investments in innovation, training, equipment, and minor capital works in one or more of the three investment streams below:

1. enhance digital health capability – to fast-track the benefits of a more connected healthcare system in readiness to meet future standards
2. upgrade infection prevention and control arrangements – to ensure infectious respiratory disease (e.g. COVID, influenza) patients can be safely seen face to face

3. maintain and/or achieve accreditation against the Royal Australian College of General Practitioners Standards for General Practice, under the General Practice Accreditation Scheme – to promote quality and safety in general practice.

Description of Activity *

Administer the grants to eligible General Practices in the NWMPHN region. This includes:

- promote and open a grant opportunity to eligible general practices
- receive and assess applications from general practices
- using templates provided by the Department, prepare and execute simple grant agreements for each successful general practice applicant
- arrange payment of grant funds to successful general practice applicants
- manage enquiries from general practice applicants/grant recipients throughout the Activity period
- record key monitoring metrics about the GP Grants Program in your PHN region (e.g. uptake and utilisation of grants by rurality, selected investment streams, grant amounts paid) and report this to the Department on a monthly basis using Words or phrases defined in the Terms and Conditions carry the same meaning in this Schedule Department of Health SFA SCHEDULE Version March 2015 13 the national template provided by the Department, and assist with ad hoc requests from the Department for updates as required.
- advise and support the Department on any compliance issues and support the Department with information and insights.
- obtain end-of-program financial declarations, and self-reported outcomes about the use of grant funding from general practice grant recipients and provide to the Department.
- contribute to and support the Department's evaluation activities to assess the performance and success of the GP Grants Program in your PHN region.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
COVID-19 - high rates of mental health distress	185



Activity Demographics

Target Population Cohort

All practices in region

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

Stakeholder engagement occurs throughout all five stages of commissioning and project lifecycles:

- Assessing health needs
- Planning and design
- Procurement
- Implementation
- Monitoring and evaluation

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils and Expert Advisory Groups (EAGs).

The Clinical and Community Councils provide advice to the Board about the unique needs of the region, and principles and mechanisms for engaging local stakeholders.

The Expert Advisory Groups provide subject matter expertise, insights and advice to support operational model and service design, focusing on safety, quality, and integration. NWMPHN has EAGs for:

- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal Health
- Older Adults

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local hospital networks and public health units.

This activity will also include meaningful key stakeholder input in the procurement and program development process.

Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

Collaboration

NWMPHN's approach to collaboration and engagement is underpinned by the IAP2 model. Best practice in public engagement is influenced by the Spectrum of Public Participation developed by the International Association of Public Participation. This spectrum includes five levels of participation, Inform, Consult, Involve, Collaborate and Empower.

Collaboration will be utilised wherever possible throughout the commissioning cycle as NWMPHN recognises that working in this way adds value and strengthens our reach. Mutually meaningful collaboration is pursued and maintained in a systematic way across the organisation, which facilitates timely access to existing and new collaboration approaches. This is critical to driving a team-based and integrated approach to delivering person-centred primary care.

Collaboration with key stakeholders will occur throughout the commissioning process. Consequently, the following stakeholders may be involved in prioritisation, planning and design, implementation, monitoring and evaluation of activities:

- Community participants – consumers, patients, carers, other people with lived experience, priority populations, community leaders
- Health care professionals
- NWMPHN regional and strategic partnerships and collaboratives
- Local hospital networks and public health units
- Community health services
- General practice
- Residential aged care facilities

- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

28/02/2023

Activity End Date

30/12/2024

Service Delivery Start Date

1 March 2023

Service Delivery End Date

31 December 2024

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details



PP&TP-GP-Ad - 5 - Strengthening Medicare – General Practice Grants Program Admin AWP 23/24



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GP-Ad

Activity Number *

5

Activity Title *

Strengthening Medicare – General Practice Grants Program Admin AWP 23/24

Existing, Modified or New Activity *

New Activity



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Population health/GP support

Aim of Activity *

This activity is to establish, administer and manage the Strengthening Medicare – General Practice Grants Program

Description of Activity *

Administer the grants to eligible General Practices in the NWMPHN region

Needs Assessment Priorities ***Needs Assessment**

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
COVID-19 - high rates of mental health distress	185



Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



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- Peak and professional bodies
- Victorian Department of Health
- Local government
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

27/02/2023

Activity End Date

30/12/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

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Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

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Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments



PP&TP-GCPC - 1000 - Greater Choice for At Home Palliative Care AWP 23/24



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1000

Activity Title *

Greater Choice for At Home Palliative Care AWP 23/24

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description**Aim of Activity ***

Greater Choice for At Home Palliative Care aims to boost palliative care coordination and integration to support people who have a known life-limiting condition, by improving choice and quality of care and support in the home.

The program aims to achieve the overarching outcomes of:

- * Improved capacity and responsiveness of services to meet local needs and priorities
- * Improved patient access to quality palliative care services in the home
- * Improved coordination of care for patients across health care providers and integration of palliative care services in their region.

Description of Activity *

Building on the insight developed through the pilot funding including insights gained from consumers through the Dying Well Panel, extensive literature review and stakeholder engagement, the following activities will be implemented to realise the objectives of the GCfAHPC program.

Activity:

- Recruitment of two Full Time Equivalent (FTE) staff members from 2021-22 to 2024-25 to continue to expand and build on investment to date to further embed palliative care initiatives, undertaken as part of the pilot of the GCfAHPC program, and/or to implement new activities.
- Actively participate in the Community of Practice with Victorian and Tasmanian PHNs to share experiences from the pilot and

current implementation, share knowledge and resources to support new PHNs joining the program and provide support and advice where required. Contributions to date include sharing of End of Life Care Quality Improvement Toolkit for localisation by regional PHN collaborative, and provision of information and data to support business cases for core medicine list and pharmacy locator.

- Contribution to the national evaluation including provision of data (quantitative and qualitative) as per evaluation plan.

Activity: Build primary care workforce capability -

Using the NWMPHN approach to capability building in general practice for palliative care and end of life care including, but not limited to:

- Education and training – education and training for general practice on palliative and end of life care. This includes continuing to support and implement the Community Palliative care in practice education program to build and enhance local relationships and promote bidirectional learning opportunities, building on the work developed since NWMPHN's GCfAHPC program establishment.
- Communications – resource updates, website, social media and direct to sector communications (eblasts/newsletters)
- HealthPathways – Clinical guidelines with clear, localised referral pathways to enable general practice to refer to palliative care services early and appropriately
- Practice support – Direct support for general practice using Quality Improvement methodology to enable practices to identify and address opportunities for improvement, including promotion of End of Life Care Quality Improvement Toolkit and development of related QI activity templates.

Outcome: Improved capacity and responsiveness of services to meet local needs and priorities -

Activity: Improving integration and coordination between primary care and palliative care providers

Working with the Palliative Care Consortia (comprising the three Community Palliative Care Providers in the NWMPHN region):

- Undertake a needs assessment to understand the barriers to integration and coordination between primary care and community palliative care providers. Areas initially identified through discussions with the consortia for exploration:
 - o understanding the role of community palliative care by primary care
 - o clear communication, and guidance regarding the GP role in supporting palliative care at home in collaboration with community palliative care services
 - o medication management, in particular anticipatory prescribing
 - o exploring opportunities to utilise digital systems to improve communication, integration and shared care between primary care and palliative care providers.
- Sit as member of Statewide Disability Palliative Care Group
- Support activities promoting collaboration with primary care, including events for idea and knowledge sharing, models of care, latest research findings, and implementation of best practice.

Updating local health pathways:

- o Working with the HealthPathways Melbourne team, engage local general practices and palliative care subject matter experts to review the palliative care suite of HealthPathways
- o Communication of updated pathways to primary care and coordinated education to support the update
- o

Build on the NWMPHN Palliative Care Access to Core Medicines List project (funded via AH - 1200 - AH 1.2 Improving the wellbeing of older adults living in the community & in res. aged care_AWP 21/22) by incorporating the core medicine list into HealthPathways, education and integration work with palliative care providers.

Working with Safer Care Victoria on reducing barriers to the completion of a Medical Certificate Cause of Death initiative

- Actively participate in round table discussions to identify opportunities to improve processes and remove barriers to death certification, particularly where challenges are experienced with this in general practice and community palliative care settings.
- Contribute to project aim to find workable, consistent solutions where there is a clinical impasse on who is to certify, avoiding the unnecessary delays and distress to the family that a coronial investigation can cause.

Outcome: Improved coordination of care for patients across health care providers and integration of palliative care services in their region -

Activity: Promotion of end of life options to community

NWMPHN will continue to support and maintain the Precious Time end of life services, information and advice platform (rebranded from Lately in 22-23). Ongoing promotion through communications (PHN newsletters, social media and website links) to further promote the use of the platform, designed to ease communication and planning for people who have received a

terminal diagnosis, and for those who love and care for them.

Implementation of the evaluation plan to evaluate the usefulness of the tool will provide valuable insight into the use of Precious Time throughout the GCfAHPC project.

Outcome: Improved patient access to quality palliative care services in the home

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Comorbid conditions - complexity and demand	184
Chronic conditions - range, higher rates, lower uptake of management plans	186



Activity Demographics

Target Population Cohort

People with a known life-limiting condition and their families; people living with chronic conditions, including cancer; and areas that have lower rates of dying at home.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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- General practice
- Residential aged care facilities
- Pharmacy
- Allied health
- Community-based organisations
- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Media
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

27/06/2019

Activity End Date

29/10/2025

Service Delivery Start Date

29/06/2019

Service Delivery End Date

31/10/2025

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

n/a

Co-design or co-commissioning comments

n/a



PP&TP-AHPAGP - 1 - Allied Health Services in Residential Aged Care Facilities_AWP 22/23



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-AHPAGP

Activity Number *

1

Activity Title *

Allied Health Services in Residential Aged Care Facilities_AWP 22/23

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this activity is to improve the physical conditioning of residents of Residential Aged Care Facilities affected by COVID-19 lockdowns.

Description of Activity *

This activity delivers allied health services into residential aged care facilities (RACFs) affected by COVID-19 outbreaks within the NWMPHN region. The program includes the commissioning of physiotherapists, exercise physiologists and occupational therapists to provide group physical therapy to residents in RACFs affected by outbreaks of COVID-19.

A competitive tendering approach was undertaken by NWMPHN for commissioning allied health providers for this activity. Offers from competing providers were invited by open advertisement via an established procurement platform (TenderLink) and evaluated in accordance with predetermined criteria.

The following steps were undertaken by NWMPHN for commissioning allied health providers for this activity: Collaborated with other PHNs through Victorian-Tasmanian PHN Alliance from very beginning of our commissioning process, to ensure consistency across PHNs, collaboration on shared ideas and alignment where appropriate with models.

Completed needs assessment and market analysis to better understand initial numbers of both RACFs and Allied Health providers in the north-western Melbourne region.

Engaged RACFs and Aged Care Peak Bodies in collaboration with other PHNs via emails, meetings, and CEO Letters.

Surveys were sent to eligible RACFs in our region to understand initial interest for program, gain further insight into how many people will be clinically eligible to participate to inform service model and funding allocations, and to learn more about existing allied health services/providers at each RACF.

Using data collected from market analysis and RACF survey, engaged Allied Health providers and Allied Health Peak Bodies to test market. Surveys were sent to allied health providers in our region to understand initial interest, scope, workforce capacity and existing relationships and experience with RACFs.

Engaged external, independent clinical and consumer subject matter experts (SMEs) to better understand service model, and existing funding models within allied health in RACF, as well as identify any additional considerations NWMPHN may be required to factor in when commissioning clinical services within the RACF sector. These SMEs also sat on the Tender Evaluation Panel.

Based on market analysis and direct engagement with RACFs and allied health providers in our region, NWMPHN identified that successful providers must be able to demonstrate capability to deliver services in aged care, ensure continuity of care and communication with residents' usual care providers.

Procurement strategy approved by executives to proceed with a competitive Expression of Interest approach.

Released competitive Expression of Interest process.

Selection process conducted that involved Tender Evaluation Panel.

Further evaluation including clarification questions in interview setting for all shortlisted providers.

Preferred providers recommended by evaluation panel.

Approval of Award Report (A&R) by NWMPHN executives.

Successful providers notified (see list below for list of contracted allied health providers)

Draft/negotiations of contract with successful providers.

Notification of unsuccessful applicants.

Finalisation of contract with preferred providers.

RACFs notified of outcome of successful providers appointed, introduced to service provider to commence service establishment and program implementation.

Contracted allied health providers:

Murto Pty Ltd trading as Plena Healthcare

Vivir Healthcare Pty Ltd

Healthcare Australia Pty Ltd

United Physiotherapy Group Pty Ltd

Greenlight Physiotherapy Pty Ltd

Timeline and steps taken to deliver the project:

Approach and steps taken to full roll out:

Activity start date - Department funding confirmed via letter of offer - 08 February 2021

Commencement of commissioning process - 09 February 2021

Market analysis activity - 10 February 2021

Drafting of tender documents - 01 March 2021

Finalised tender documentation - 30 March 2021

Released tender documentation to market - 09 April 2021

Closing date of tender - 03 May 2021

Tender evaluation panel scoring - 10 May 2021

Targeted interviews with shortlisted providers - 14 May 2021

Approval of Analysis and Recommendation report - 09 June 2021

Notified successful applicants - 17 June 2021

Draft Contract/Negotiations with successful applicant - 18 June 2021

Notified unsuccessful applications - 21 June 2021

Contracts awarded/executed - 30 June 2021

Service delivery start date - 1 July 2021

Allied Health engagement with participating RACFs July – August 2021

Allied Health reporting requirements at commencement - August 2021

Initial assessments conducted August – October 2021

Enrolments finalised - October 2021

Group therapy sessions delivered Ongoing - 2021 – 2022

Allied Health monthly reporting requirements - 4th business day each month

Group therapy sessions within existing RACF's conclude - by July 2022

Data collection processes were established prior to service delivery commencement, and continue to be in place for the following reporting requirements:

Commencement:

- Total bed occupancy rates at each RACF
- Number of residents eligible for the program (i.e., to be screened/assessed for enrolment)
- Number of residents identified as suitable for the program (i.e., residents deemed as clinically (cognitively, physically etc.) appropriate for program, after initial assessment conducted).
- Number of assessed and eligible residents enrolled the program.
- Number of falls in the last 12 months for each resident
- Resident SPPB score (start)
- Number of falls for each resident in the last 12 months
- Confirmation of a care plan developed
- Examples of reasons residents declined/not eligible for program

Monthly:

- Number of residents participating in the program per reporting month
- Session dates and durations for each resident
- Number of sessions delivered per RACF per reporting month
- Resident SPPB score at midpoint of 6-month program

Conclusion:

- Resident SPPB score (final)
- Total sessions offered vs attended for each resident (% attendance rate)
- Any verbatim feedback from RACF residents and staff.

NWMPHN received notification of the initial extension of this activity up to December 2022, via the PHN Allied Health Aged Care COVID Response - COVID Allied Health Package - Additional Group Physical Therapy activity under the Primary Health Networks - Pilots and Targeted Programs schedule.

Notification of extension of Allied Health Additional Group Physical Therapy Funding Schedule to Dec 2022 - 23 March 2022

Contract execution of Allied Health Additional Group Physical Therapy Funding Schedule - April 2022

Engagement with new RACFs to scope interest in Additional Group Physical Therapy program - May 2022

Engagement with existing allied health providers to deliver Additional Group Physical Therapy at new RACFs - May 2022

Contract variations to existing providers to allocate Additional Group Physical Therapy to new RACFs - June 2022

Service delivery start date for Additional Group Physical Therapy program - August 2022

Allied Health engagement with participating RACFs July – August 2021

Allied Health reporting requirements at commencement- August 2021

Initial assessments conducted August – October 2021

Enrolments finalised - October 2021

Group therapy sessions delivered - Ongoing 2021 – 2022

Service delivery start date for Additional Group Physical Therapy program - August 2022

Group therapy sessions delivered - September – November 2022

Group therapy sessions conclude - November 2022

Allied Health reporting requirements at conclusion - December 2022

Activity end date - 31 December 2022

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Comorbid conditions - complexity and demand	184



Activity Demographics

Target Population Cohort

Residents in residential aged care facilities affected by outbreaks of COVID-19.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

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- Allied health
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- Research institutes
- Academic and training institutions
- Peak and professional bodies
- Victorian Department of Health
- Local government
- Other PHNs
- Other identified providers



Activity Milestone Details/Duration

Activity Start Date

07/02/2021

Activity End Date

29/12/2022

Service Delivery Start Date

01/07/2021

Service Delivery End Date

31/12/2022

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

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Is this activity the result of a previous co-design process?

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Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

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Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

Please refer to the Collaboration section of this Activity for the co-commissioning details.



PP&TP-DVP - 1000 - Primary Health Care Pilot - Domestic Violence Pilot AWP 23/24



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-DVP

Activity Number *

1000

Activity Title *

Primary Health Care Pilot - Domestic Violence Pilot AWP 23/24

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description**Aim of Activity ***

The Primary Care Pathways to Safety program will provide tailored support to primary care providers to improve confidence in responding to domestic and family violence (DFV), build greater collaboration and coordination across a range of local health, social care and family violence services.

The model aims to deliver the following outcomes:

1. Increase primary health care providers skills, confidence and knowledge in identifying, assessing and referring patients who experience DFV.
2. Use a whole of general practice approach to establish sustainable systems to embed training into practice.
3. To improve the confidence of primary health care providers to connect with the broader DFV service and support system.
4. Increase integration and collaboration of primary health care providers locally
5. Build upon NWMPHN's understanding of systemic barriers on a national, state, regional and local level, to enable advocacy to improve primary care capability to respond to DFV
6. Contribute to the national evaluation of the DFV PHN program and build evidence-based DFV programs for delivery by PHNs within primary care

Description of Activity *

The model is an expansion of the Primary Care Pathways to Safety Program, building on the lessons learnt from the NWMPHN pilot, and other pilot sites nationally. It will be based on the 6 areas of influence that were developed from the pilots.

1. Secondary Consult and Navigation Service (DFV Local Link)

Commissioning of DFV workers from local family violence services to provide secondary consult and mentoring for general practice in the NWMPHN region.

2. Workplace capability building (Workplace capacity building)

For this funding period workplace capability building will offer both an intensive and general stream

• Intensive:

Based on the successful pilot, commission the Safer Families Program at University of Melbourne to deliver the intensive Pathways to Safety training program to general practices in the NWMPHN region. The training will incorporate intensive whole of practice in-service training delivered by a GP facilitator and family violence support worker that is trauma informed and culturally responsive.

• General:

Self-directed online training offered to all general practices in the NWMPHN region on a range of topics focused on identifying, responding and referring for DFV.

3. Implementation of training into practice (Organizational supports & Locality Integration)

Practices engaged in all streams of training will be invited to participate, along with those that participated in the pilot, in community of practice sessions that enable peer-to-peer learning focused on whole of practice strategies to embed the principles and techniques learnt in the training into practice. Including promotion of the quality improvement (QI) activities developed as part of the pilot. In addition, workers from DFV sector (including the workers providing the secondary consult service), and other sectors will be invited to participate in the Community of Practice to increase integration and collaboration of primary health care providers locally.

Following on from the pilot, HealthPathways Melbourne will be embedded in the capability building and networking.

HealthPathways will continue to be updated to reflect best practice approaches to recognising, responding and referring for DFV in primary care, and will ensure up-to-date information of local service options.

4. Build understanding of the systematic barriers to providing best practice family violence care in primary care (System Influence)

Continue to build upon the understanding gained in the pilot of the local barriers to implementation to contribute to joint PHN advocacy. Continue to work with other PHNs to implement the Trial Joint Strategic Action Plan.

5. Evaluation (Evaluation, Design and Iteration)

The capability building activities developed by University of Melbourne have been co-designed with people with lived experience. In addition, the broader education components will include lived experience perspective. Local evaluation will be undertaken to monitor the experience of participants in the education and community of practice ensure a continuous QI approach to the project. NWMPHN will also contribute to and participate in the national evaluation and other joint evaluation initiatives.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2022-2025

Priorities

Priority	Page reference
Mental Health - demand, prevalence, complexity	183



Activity Demographics

Target Population Cohort

Whole of population, with a focus on people experiencing or at risk of family/intimate partner violence.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes



Activity Consultation and Collaboration

Consultation

NWMPHN utilise a range of mechanisms to facilitate consultation, including the Community and Clinical Councils, and expert advisory groups including the General Practice Expert Advisory Group (GPEAG). A similar program has been run previously in the NWMPHN region in 36 practices. Feedback and a formal evaluation paper developed by University of Melbourne of the 2020-2022 activities, has been used to develop this model. The evaluation comprised of analysis of the training and education, communication and awareness campaign, interdisciplinary education and networking sessions, development and use of referral pathways, practice-based QI activities and extensive feedback from general practices.

Collaboration

NWMPHN has partnered with the Safer Families Centre at the University of Melbourne to trial a model for capacity and capability building to address the lack of awareness, knowledge, skill and confidence in primary care to identify, respond and refer people at risk of, or experiencing, family and domestic violence. The model was informed by evidence of best-practice, including systematic reviews of health care interventions and qualitative studies, international primary care guidelines and evaluation of primary care-based family violence studies. This partnership has enabled an understanding of the family and domestic violence industry, service providers, capacity and professional support and activities of service providers within the region to position NWMPHN to partner and commission a DFV support service to collaboratively develop and offer professional support and secondary consult service for general practice.



Activity Milestone Details/Duration

Activity Start Date

27/06/2020

Activity End Date

29/06/2026

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: Yes

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

na

Co-design or co-commissioning comments

The activity is not being co-designed, however, please note the education has been developed with lived experience input. In addition, the activity has been developed in collaboration with education and family violence service providers and based on the commissioned evaluation of the pilot program which conducted by University of Melbourne.



PP&TP-Op - 2000 - Primary Health Care Pilot - Domestic Violence Pilot AWP 21/22



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-Op

Activity Number *

2000

Activity Title *

Primary Health Care Pilot - Domestic Violence Pilot AWP 21/22

Existing, Modified or New Activity *

Existing



Activity Priorities and Description

Program Key Priority Area ***Other Program Key Priority Area Description****Aim of Activity *****Description of Activity *****Needs Assessment Priorities *****Needs Assessment****Priorities**

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

Indigenous Specific Comments

Coverage

Whole Region



Activity Consultation and Collaboration

Consultation

Collaboration



Activity Milestone Details/Duration

Activity Start Date

Activity End Date

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Is this activity the result of a previous co-design process?

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Has this activity previously been co-commissioned or joint-commissioned?

Decommissioning

Decommissioning details?

Co-design or co-commissioning comments