

# North Western Melbourne - PHN Pilots and Targeted Programs

## 2022/23 - 2026/27

### Activity Summary View



## PP&TP-GP - 4 - Strengthening Medicare – General Practice Grants Program AWP 24/25



### 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 24/25

#### Existing, Modified or New Activity \*

Modified



### 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
Chronic conditions - range, higher rates, lower uptake of management plans	186



#### 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 seven activities that comprise our commissioning approach:

- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

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

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 EAGs 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

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

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 health services and hospital networks.

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



### Activity Milestone Details/Duration

#### Activity Start Date

27/02/2023

#### Activity End Date

29/12/2024

#### 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: 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**



## PP&TP-GP-Ad - 5 - Strengthening Medicare – General Practice Grants Program Admin AWP 24/25



### 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 24/25

**Existing, Modified or New Activity \***

Modified



### 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
Chronic conditions - range, higher rates, lower uptake of management plans	186



## Activity Demographics

### Target Population Cohort

### In Scope AOD Treatment Type \*

### Indigenous Specific \*

No

### Indigenous Specific Comments

### Coverage

### Whole Region

Yes



## Activity Consultation and Collaboration

### Consultation

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**Collaboration**

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



**Activity Milestone Details/Duration**

**Activity Start Date**

26/02/2023

**Activity End Date**

29/12/2024

**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**



## PP&TP-GCPC - 1000 - Greater Choice for At Home Palliative Care AWP 24/25



### 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 24/25

**Existing, Modified or New Activity \***

Modified



### 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 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 publications for localisation, including the End-of-Life Care Quality Improvement Toolkit for the Victorian regional PHN collaborative.,

- 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 in-practice education program to build and enhance local relationships and promote bidirectional learning opportunities between community palliative care providers and general practice. Additional education and training activities include GP-targeted webinars and workshops, promotion of education activities delivered by palliative care stakeholders particularly other Commonwealth palliative care projects, and support of the national expansion of University of Queensland's Palliative Care ECHO project.
- 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 using quality improvement methodology:
  - Support to enable general practices to identify and address opportunities for improvement, including promotion of End-of-Life Care Quality Improvement Toolkit and QI templates for self-directed activities.
  - Facilitated quality improvement project to improve the palliative care approach of general practices. The project will directly support practices to build capability and system integration using a whole-of-practice approach to improve patient access to appropriate and timely palliative care.

Metropolitan expansion of core medicine list and pharmacy locator

Working with SEMPHN and EMPHN to build prescriber awareness of core medicine list and anticipatory prescribing, to extend commitment to stock core medicine list in pharmacies across metropolitan Melbourne region, and to increase awareness of pharmacy locator map amongst prescribers, pharmacies and community.

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 North and West Metropolitan Region Palliative Care Consortium (comprising the three Community Palliative Care Providers in the NWMPHN region) to implement learnings identified in previous needs assessment:

- Sit as member of Statewide Disability Palliative Care Group
- Support activities reducing barriers and promoting collaboration with primary care, including events for idea and knowledge sharing, education, models of care, latest research findings, and implementation of best practice.

Updating local health pathways:

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

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

Ongoing promotion of Precious Time through communications (PHN newsletters, social media and website links) 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
Chronic conditions - range, higher rates, lower uptake of management plans	186
Comorbid conditions - complexity and demand	184



## 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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### **Collaboration**

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



### **Activity Milestone Details/Duration**

**Activity Start Date**

26/06/2019

**Activity End Date**

28/10/2025

**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-DVP - 1000 - Primary Health Care Pilot - Domestic Violence Pilot AWP 24/25



### 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 24/25

#### Existing, Modified or New Activity \*

Modified



### 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 provides 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 Service Navigation (DFV Local Link)**

Co design and commissioning of DFV organisations 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**

<b>Priority</b>	<b>Page reference</b>
Preventative health checks - lower rates of screening	185
Alcohol and Other Drug Services - demand, prevalence and complexity	184
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

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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 health services and hospital networks.

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.

In addition, NWMPHN will utilise information from the pilot project which 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**

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

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 services using a co-design approach to collaboratively develop and offer professional support and secondary consult services for general practice.



## Activity Milestone Details/Duration

### Activity Start Date

26/06/2020

### Activity End Date

28/06/2026

### Service Delivery Start Date

27/06/2023

### Service Delivery End Date

30/06/2026

### 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

This 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. Additionally, the secondary consult and service navigation activity is being co-designed in collaboration with representatives from general practice, and the family violence specialist services.