

Building multidisciplinary team care in Hume: expressions of interest sought from small to medium general practices

North Western Melbourne Primary Health Network (NWMPHN) is funding the development of the Health Care Neighbourhood Project – building locally focused multidisciplinary team care in the Hume local government area (LGA) for residents who have chronic conditions.

We invite general practices in the LGA with between two and four GPs to work closely with us to build a care team structure that is tailored to the needs of their specific patient cohort. The team will include allied health professionals, including a dedicated care coordinator, and be supported by NWMPHN's Integration team.

Participating practices will be funded \$66,600 (ex. GST) per practice for participating in the project's design, implementation and evaluation. There will be no cost to the practice or patient to access the care team.

Four general practices will be invited to take part in this innovative project. Applications close at 3pm (AEDT) Tuesday, 29 October 2024. Planning begins in January 2025. The model rolls out in April 2025 and concludes in mid-2027.

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PART A: THE ACTIVITY

1.1.1 Background

NWMPHN is committed to enabling the development of local solutions to local challenges. We are also committed to working closely with the primary health care sector to codesign innovative systems tailored to providing better care for patients and better outcomes for service providers.

Recent reviews of Australia's primary health care systems have highlighted the benefits of shifting from episodic care towards longitudinal, preventative, multidisciplinary team (MDT) based models.

In response, Primary Health Networks across the country have been funded by the Australian Government to create opportunities to trial locally focused MDT approaches to broaden quality of care and boost access for those who need it most.

The Health Care Neighbourhood Project has a phased approach. Recognising that general practices are fundamentally embedded in their communities, we want to work collaboratively at ground level, to build MDTs that are location-specific and fit for purpose.

The project has two stages. First, general practices are invited to work together to identify allied health needs for eligible patients and develop a plan for delivery of MDT care. Second, NWMPHN will commission and fund a care coordinator and allied health providers to deliver those services.

How will the health care neighbourhood project work?

NWMPHN will commission up to four small to medium general practices in the Hume LGA. To be eligible, all GPs in the practice must participate, with at least one GP, practice nurse and admin person nominated to attend three model design workshops on behalf of the practice. At these workshops, facilitated by NWMPHN's Integration team, participants will discuss triage and referral protocols, and how care coordination and which types of allied health support will be of best value to each cohort.

From this, the make-up of the allied health team and logistics for implementation of the model will be determined.

The process of collaboration will continue once the project is formally launched. Participants from each practice, together with the care coordinator and commissioned allied health providers, will form a Community of Practice. This will meet at regular intervals to enable sharing of information and case studies and allow for interdisciplinary learning

Individual practice-based MDT teams will also meet on a regular basis throughout the implementation phase of the program to plan and review patient care.

Remuneration

The total funding pool available for general practice providers is approximately \$266,400.00 (ex. GST). In addition to access to care coordination and allied health services, participating practices will receive \$66,600.00 (ex. GST) over the three-year project period.

Payments will be spread across the project period upon submission and acceptance of deliverables for each period. A schedule of deliverable and payment dates will be provided in the contract and discussed in a kick-off meeting with the practice team.

1.1.2 Activity purpose and term

The health care neighbourhood project will improve the management of chronic conditions and reduce potentially preventable hospitalisations. It will transform current care through building:

- care coordination
- patient education and self management
- supported access to allied health services.

Participating practices will nominate a minimum of one GP, a practice nurse and an admin person to take part in design and implementation. However, it is expected that the whole practice participates in the implementation

- The selected general practices will work with each other, with NWMPHN, and with a commissioned allied health team to:
co-design and implement a neighbourhood-based multidisciplinary model of care
- identify and engage patients who have one or more chronic illnesses
- improve access to allied health and community supports at no cost to the patient.

Timeline

| | |
|--|-------------------------|
| General practice and NWMPHN design model and conduct preparation activities. | January – February 2025 |
| Engagement of multidisciplinary allied health team. | February – April 2025 |
| General practice education and support sessions. | February – May 2025 |
| Implementation of the neighbourhood model. | April 2025 – June 2027 |
| Final evaluation. | July – September 2027 |

1.1.3 What's required

The project will be split into four stages: design, preparation, implementation and monitoring, and evaluation.

| Phase | Time period | Deliverables |
|-------------------------------|-------------------------|---|
| Design | January – February 2025 | <ul style="list-style-type: none"> Workshops with participating practices and key stakeholders to co-design the model of care and service model. Meeting between NWMPHN and the team at each practice to introduce the broader workforce to the project, review individual practice needs and identify target cohort. <p>(Approx. 12 hours total)</p> |
| Preparation | January – April 2025 | <ul style="list-style-type: none"> Participation in online education sessions. Preparation for the implementation phase. Face-to-face meeting with the allied health team prior implementation. <p>(Approx. 5 hours total)</p> |
| Implementation and monitoring | April 2025 – June 2027 | <p>The delivery period:</p> <ul style="list-style-type: none"> Whole of practice implementation of the model. Participation in community of practice meetings (approx. two per year, involving all practice teams). Quarterly reporting and meeting with NWMPHN. |
| Evaluation | July – September 2027 | <ul style="list-style-type: none"> Submission of final program data including outcomes and provider feedback, in a format requested by NWMPHN. |

1.1.4 Eligibility requirements

To participate in this pilot, your practice will need to:

- be located within Hume LGA
- be fully accredited
- have two to four GPs consulting at the practice
- nominate a named GP lead, practice nurse and admin person.

PART B: HOW TO APPLY

1.1.5 Application submission

Applicants must complete and return the Application Form (Part D) and email it with supporting documentation to the NWMPHN Integration Team at tenders@nwmpnhn.org.au

Applications close at 3.00p.m (AEDT) Tuesday, 29 October 2024.

Please direct all queries to tenders@nwmpnhn.org.au

NWMPHN is not obliged to accept any proposal received after the submission deadline. Where an applicant provides evidence of exceptional circumstances affecting on time submission, NWMPHN may decide to accept an application received after the submission deadline but is not obliged to do so.

1.1.6 Assessment process

All compliant applications received by NWMPHN will be evaluated in accordance with the assessment criteria in Part D.

NWMPHN may also consider other factors relevant to the applicant's suitability including conflicts of interest, financial viability, current insurance and any other information that is publicly available.

NWMPHN will contact referees (if sought) and use their responses for the evaluation.

NWMPHN may contact the applicant if it considers that an application contains an ambiguity, unintentional error or minor omission which requires clarification. 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 Attachment 3. 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.

All applicants will be notified. Unsuccessful Applicants may apply for feedback in writing or verbally via to tenders@nwmpnhn.org.au

This table summarises the key stages and indicative dates related to the EOI.

| EOI Key Stages | *Estimated Date |
|--|-------------------------|
| Release to the market (email) | 17/10/2024 |
| Application Closing Date (email) | 29/10/2024 |
| Evaluation | 30/10/2024 – 1 /11/2024 |
| Interviews with shortlisted Applicants | 6/11/2024 – 8/11/2024 |
| Notification of successful and unsuccessful applications | 6/12/2024 |

**These dates are indicative only and subject to change without notice at NWMPHN's discretion to meet the necessary process requirements.*

1.1.7 Contractual arrangements

NWMPHN receives funding from the Australian Government, the Victorian Government, and other government and non-government sources. Each funding source may have particular 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 any one claim;
 - Professional indemnity to \$10 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*;
- 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 develop a risk assessment and management plan;
- comply with relevant legislation as specified from time to time;
- comply with NWMPHN credentialing policy requirements.

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 reports its contents back to our funding bodies as required.

NWMPHN may seek formal government approval and will 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 their websites from time-to-time.

Please note that the Australian or Victorian Government reserves the right to terminate NWMPHN funding at its convenience. This requirement is passed through to the successful applicant. Expenses incurred and committed up to and including the termination date will be paid, if funds are received by NWMPHN.

1.1.8 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 in this Expression of Interest is accurate at the time of issue. However, NWMPHN 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.

1.1.9 Privacy

Privacy collection statement

- a) NWMPHN collects, uses and discloses personal information about individuals. NWMPHN collects personal information directly from the applicant and may also collect information passively through the NWMPHN website.
- b) NWMPHN collects personal information about individuals for the purposes of assessing an applicant's tender application and suitability against the RFT criteria, including verifying solvency, qualifications or standing, providing an applicant with information about the services and products that NWMPHN offers, responding to and managing an applicant's enquiries, facilitating NWMPHN's internal business operations, and complying with any legal or regulatory requirements. NWMPHN may also use information for the purposes of population needs assessment and planning, market analysis and assessment and use of de-identified information for statistical purposes. If the personal information provided is incomplete or inaccurate, NWMPHN may not be able to accept, assess or process an applicant's tender application.
- c) NWMPHN may disclose personal information about applicants to related entities and other organisations with whom NWMPHN has affiliations with service providers who assist

NWMPHN in operating its business and other third parties including professional or regulatory bodies. NWMPHN is not likely to disclose personal information overseas. NWMPHN's [Privacy Policy](#) sets out how an applicant can access and ask for correction of personal information, how an applicant can complain about privacy related matters and how NWMPHN responds to complaints.

Treatment of personal information

- a) The applicant warrants at all times that it has obtained any necessary consents from, and made any necessary disclosures to, all relevant individuals for the purpose of disclosing their personal information to MPCN under these terms and conditions and has otherwise complied with (and continues to comply) in all respects with its obligations under the *Privacy Act 1988* (Cth) (Privacy Act) in respect of any personal information disclosed to NWMPHN.
- b) The applicant must provide all assistance requested by NWMPHN from time to time in relation to compliance by NWMPHN with the Privacy Act, or any investigation, request or enquiry (formal or otherwise) from the Office of the Australian Privacy Commissioner regarding the personal information disclosed to NWMPHN under these terms and conditions.
- c) The applicant indemnifies NWMPHN against all costs, expenses, losses, proceedings and claims of whatsoever nature suffered, brought or incurred directly or indirectly as a result of a breach by the applicant of its obligations under this clause.

PART C: ABOUT NORTH WESTERN MELBOURNE PRIMARY HEALTH NETWORK

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

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care 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. 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 D: APPLICATION FORM

IMPORTANT: Please refer to **Attachment 1 – Services specifications for the PHN commissioning of multidisciplinary teams project** to understand the required deliverables prior to completing this application.

Applicant name:

Name of practice:

ABN/ACN:

Address:

Applicant details:

Phone:

Email:

Practice manager details:

Phone:

Email:

Practice principal details:

Phone:

Email:

ASSESSMENT CRITERIA

Mandatory criteria

Please check the relevant box

The practice is located within Hume LGA

☐ Yes
☐ No (Note:
Applications will be
disqualified if unable
to meet this criterion)

The practice is accredited

☐ Yes
☐ No (Note:
Applications will be

| | |
|---|---|
| <p>The practice has two to four GPs consulting at the practice</p> | <p>disqualified if unable to meet this criterion)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Note: Applications will be disqualified if unable to meet this criterion)</p> |
| <p>The practice has a nominated GP, practice nurse <u>and</u> admin person to lead the model</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Note: Applications will be disqualified if unable to meet this criterion)</p> |
| <p>The practice agrees to design, implement and evaluate a whole of practice neighbourhood model.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Note: Applications will be disqualified if unable to meet this criterion)</p> |
| <p>The practice has capacity to fulfill the participation requirements.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Note: Applications will be disqualified if unable to meet this criterion)</p> |
| <p>Agreement</p> <ul style="list-style-type: none"> • Applicant must comply with relevant MBS requirements. • Applicant has or is willing to have PEN CS installed. • Applicant agrees to share full de-identified population data set with the NWMPHN via PEN CS or other data extraction tool as required. • Applicant commits to actively participate in NWMPHN Community of Practice for this program. • Applicant agrees to capture patient and program outcome and experience measures, as determined by NWMPHN. • Applicant agrees to implement continuous quality improvement activities for the program, including responding and adapting to feedback from patients and other care team providers. • Applicant agrees to support, as required, NWMPHN to develop case studies to highlight the project and work of participating practices. • Applicant meets the prescribed insurance requirements and limits. • Applicant is a solvent operating organisation. | <p><input type="checkbox"/> Yes – I/we agree to these conditions.</p> <p><input type="checkbox"/> No – (Note: Applications will be disqualified if unable to meet this criterion)</p> |

Eligibility criteria

Guidance Notes:

- Applicants should not exceed the prescribed word limit. Additional words will not be considered for evaluation.
- Applicants may provide question responses in a table format. Please include relevant attachments, as required.
- Applicants are not obliged to reach the word limit.

WEIGHTING

1. Please provide the following information about your practice:

- How many GPs consult at the practice? How many nurses? What is the make up of your management and administrative staff?
- Are there any consultation rooms at the practice which could be used for the project?
- Do you have any allied health providers consulting from the practice? (If so, please list name, role and how many days per week they are onsite.)

Non-weighted criteria

2. Please complete the table below to list the GPs and support staff who will be actively involved in the project.

Applicant response:

| Name | Role | Usual working days/times |
|------|--------------------------|--------------------------|
| | GP Lead | |
| | Practice Nurse | |
| | Admin person | |
| | (please add other roles) | |
| | | |
| | | |

Non-weighted criteria

3. What barriers may limit your participation in or the successful implementation of this model? How will you seek to overcome them? (Consider both patient and practice or system barriers in your response.)

(Word limit 400)

Applicant response:

Non-weighted criteria

| | |
|--|------------|
| <p>4. Please describe the current process, tools and activities undertaken within the practice that support coordinated multidisciplinary team care for patients with chronic illness.</p> <p>Consider the following in your answer:</p> <ul style="list-style-type: none"> Which staff in your practice are involved in chronic disease management? Please list name, role and how many days per week they provide chronic disease support. Please list your current IT systems, hours of operation and details of any external allied health services with which you regularly engage. <p>(Word limit 400)</p> <p>Applicant response:</p> | <p>20%</p> |
| <p>5. Please describe how your patients with chronic conditions would benefit from a neighbourhood multidisciplinary model?</p> <p>Consider the following in your answer:</p> <ul style="list-style-type: none"> Use your current data to outline your patients' needs. Describe how a local coordination function and improved access to allied health services would improve current care. <p>(Word limit 500 words)</p> <p>Applicant response:</p> | <p>30%</p> |
| <p>6. Please detail how your practice and practice team would benefit from collaborating in the neighbourhood model?</p> <p>Consider the following in your answer:</p> <ul style="list-style-type: none"> Describe the principles you would consider important in working collaboratively across the multidisciplinary team. <p>(Word limit 500 words)</p> <p>Applicant response:</p> | <p>30%</p> |

7. Please detail your general practice's approach to clinical governance including:

20%

- Governance structure, including supervision and support of clinical staff and any relevant policies and procedures.
- How continuous quality improvement will be embedded into the program, including how the experiences and feedback of the target population(s) will be incorporated into quality improvement in a meaningful way.
- Risk management and mitigation strategies, including how critical incident approaches are undertaken, documented and reported.

(Word limit 400 words)

Applicant response:

REFEREES

Please provide details for two referees.

Referee #1

Name:
Organisation:
Phone:
Email:

Referee #2

Name:
Organisation:
Phone:
Email:

ATTACHMENT 1 – DRAFT CONTRACT

View the [draft contract \(.pdf\)](#).

ATTACHMENT 2 – CONTRACT DEPARTURES TEMPLATE

Refer to Part B: Section 1.1.6 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.

| 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 NWMPHN vs Page 31 Item 6.3] | 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. |

| | | | |
|---|--|--|--|
| Excluded Developed Material (to be owned by the Contractor) | | | |
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