Primary Care Pathways to Safety – an opportunity for general practices to undertake a tailored training program to enhance primary care response to family violence.

**North Western Melbourne Primary Health Network (NWMPHN) is recruiting six** **general practices to build their capability to recognise, respond, and refer disclosures of family violence.**

**Funding of $3,000, excluding** **GST, is available for each participating practice.**

**Expressions of interest close at 5pm on Friday, 28 February 2025.**

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## PART A: The Activity

### Background

Family violence causes significant physical and psychological harm to the adults, children and young people who experience it and damages the social and economic fabric of communities. Studies show that primary health care providers are often the only clinicians that see both the victim of abuse and the perpetrator.

The Primary Care Pathways to Safety project provides tailored support to improve confidence in responding to family violence, boost collaboration, and build greater cohesion and coordination across local health, social care, and family violence services.

NWWPHN is partnering with the Safer Families Centre at the University of Melbourne to offer general practices within its catchment an opportunity to participate in a training program to enhance their response to family violence.

From 2023 to 2026, NWMPHN is providing grant funding for up to 30 general practices to participate. Six general practices will be selected to take part in the training program from this round of Expressions of Interest.

As spots are limited, please indicate your preferred start date in the application form (PART D).

After being accepted and completing the program activities, including reporting and evaluation, each practice will receive funding of $3,000 (excluding GST) paid in two instalments outlined in the schedule of payment below.

This training is accredited through the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM), with these CPD values:

* RACGP: three hours educational activity and four hours reviewing performance, plus 1.5 hours educational activity for the e-learning component.
* ACRRM: three hours educational activity, three hours reviewing performance and one hour measuring outcomes.
* Nurses receive six hours professional development.

**Benefits for your practice**:

* Incentive payment of $3,000 (excluding GST).
* RACGP and ACRRM accredited CPD activity.
* Facilitated learning workshops with subject matter experts, including GP facilitators, family violence support workers and people with lived experience of family violence.
* Opportunities to share, network and connect with other practices involved in the project to help implement strategies that take a whole-of-practice approach to effectively recognise, respond and refer disclosures of family violence using a trauma- and violence-informed approach.

### Activity purpose and term

The Primary Care Pathways to Safety program builds and sustains internal capacity within primary care providers to respond to the high prevalence of family violence-related presentations.

It supports practices to achieve:

* Increased identification and improved screening and risk assessment for family violence.
* Increased and more timely disclosure and referral of adults and children affected by family violence.
* Improved confidence of primary health care providers to connect with the broader family violence service and support system
* Peer-to-peer learning focused on whole-of-practice strategies to embed new principles and techniques.
* Better resourced and supported primary care services and health practitioners.

Activities run for five months, with the training scheduled to commence in April 2025.

The agreed dates for participation will be noted in the [Short Form Services Agreement Template](https://app.prompt.org.au/download/186337?code=e72902a2-2e06-4a6f-af68-f6113cac183b).

### What’s required

To successfully complete the program, practices are required to:

* Attend an orientation session about the program background and requirements.
* Complete a one-hour pre-reading and e-learning module.
* Attend two 1.5-hour virtual education sessions delivered by GPs from the Safer Families Centre, a person with lived experience and a family violence support worker.
* Complete pre- and post-project surveys.
* Attend and contribute to at least one community of practice session.
* Complete a case study.
* Attend a wrap-up meeting to discuss implementation of strategies in practice, measure change in confidence and knowledge in identifying, assessing and referring and connecting with the broader FV service and support systems.

See Attachment 2 for the program structure. Practices will be supported by a NWMPHN program officer throughout.

Here are the indicative key program deliverables:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Phase** | **Description** | **Indicative delivery date** |
|  | Orientation | * At least two members from the practice will attend an orientation meeting to discuss project overview, contract requirements and training. Participants must include a GP or nurse, and a practice manager.
 | March 2025 - May 2025 |
|  | Implementation | * Completion of a pre-project survey.
* Completion of training materials and resources provided by Safer Families Centre.
* Attend two virtual in-practice 1.5-hour education sessions delivered by Safer Families Centre. All members of the general practice team can participate with a minimum requirement of at least three staff members, two of whom must be clinical, including at least one GP, one nurse and one practice manager or admin staff.
* Attend and contribute to at least one community of practice session.
 | May 2025 – September 2025 |
|  | Program completion and evaluation | * Completion of a post-project survey.
* Completion of case study.
* Attend a wrap-up meeting.
 | September 2025 – December 2025 |

**Schedule of payment**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Description** | **Amount (excl GST)** | **Indicative date**  |
|  | Attendance at the orientation meeting.Completion of the pre-project survey. | $1,500 | Dependent on practice start date.  |
|  | Attend two 1.5 hour virtual in-practice education sessions.Attendance and contribution at a community of practice session.Completion of the post-project survey.Attendance at a wrap-up meeting.Completion of case study | $1,500 | Dependent on practice start date.  |
|  | **Total** | **$3,000** |  |

### Eligibility requirements

Your practice must meet the following requirements in order to be eligible to nominate.

Your practice must:

[ ] Be located within the [NWMPHN catchment](https://nwmphn.org.au/about/our-community/).

[ ]  Have nominated a project team comprising at least three staff, two of whom must be clinical. The team can include a GP, practice nurse, practice manager or administrative staff member, who must attend and complete the Safer Families Centre training, attend program workshops over the activity period.

### Attachments

* Attachment 1 – Draft contract
* Attachment 2 – Educational program structure

## PART B: How to Apply

### Application submission

Applicants must complete the **Application Form in Part D** or the [**online version**](https://forms.office.com/Pages/ResponsePage.aspx?id=nowuKPfank-iOAMwyGzHpBOKg7ImsgREhYJJ0gPCks5UNEtYRkMySlJOQklWTTlEUk5QU0tNSlVCSiQlQCN0PWcu)**.**

Hard copy application forms to be submitted to NWMPHN Primary Care Team by email, with supporting documentation (see below). This expression of interest will close once all project spots have been allocated. Please submit your application as soon as possible.

Applications and queries: primarycare@nwmphn.org.au.

### 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 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 Part D. Applicants will be disqualified if departures are not submitted with the EOI application form but are sought at later stages of the process. NWMPHN is not obligated to accept proposed departures at any stage of the EOI.

All applicants will be notified. Unsuccessful applicants may apply for written or verbal feedback via **primarycare@nwmphn.org.au** .

This table summarises the key stages and indicative dates related to the EOI – Primary Care Pathways to Safety Project.

|  |  |
| --- | --- |
| **EOI Key Stages**  | **\*Estimated Date**  |
|  Release to the market (email) | 5 February 2025 |
|  Application closing date (email) | 28 February 2025 |
|  Evaluation  | 10 March 2025 |
| Notification of successful and unsuccessful applications  | 17 March 2025 |

*\*These dates are subject to change without notice at NWMPHN’s discretion to meet the necessary process requirements.*

### 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 Related Entities* 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 applicants, 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.

### 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.

## 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 4 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

|  |
| --- |
| **Applicant name:** |
| **Name of practice:**  |
| **ABN/ACN:** |
| **Address:** |
| **Applicant details:**  | **Phone:** | **Email:** |
| **Practice manager details:** | **Phone:** | **Email:** |
| **Practice principal details:** | **Phone:** | **Email:** |
| **Party detail for short form contract:** |
| **Contract manager details: (day to day)** | **Phone:** | **Post:** | **Email:** |
| **Contact details for written legal notices:** | **Phone:** | **Post:** | **Email:**  |
| **Senior executive for disputes:** | **Phone:** | **Email:** |
| **ELIGIBILITY QUESTIONS****Please check the boxes to confirm compliance**  |
| **Mandatory criteria:****I, the applicant, confirm that:**​​[ ] ​the practice is located within NWMPHN region.[ ] ​a minimum of three project team (two of whom must be clinical including at least one GP, one nurse and one practice manager or admin staff) is available to complete the program within a five-month period from the start date nominated below.​​[ ] ​ I agree to have nominated staff (including at least one GP, one practice nurse and one practice manager or admin staff) attend and complete training requirements, sessions and workshop.​​[ ]  I agree to allocate time to implement whole-of-practice activities that support in-practice improvement in family violence response and referral.[ ]  I agree to allocate time for our project team to attend a community of practice.​​[ ]  I agree to complete required surveys and submit and present a case study to NWMPHN. |
| Eligibility criteria Note: Applicants should not exceed the prescribed word limit. Additional words will not be considered for evaluation. Applicants are not obliged to reach the word limit. | **WEIGHTING** |
| 1. **Please provide a brief overview of why your practice would like to participate in this project and how your practice team may benefit.**

**Applicant response (max 300 words)** | 35% |
| 1. **Please provide an outline of your practice's patient population, including demographics and how your will patients benefit from your practice’s participation in this project**.

**Applicant response (max 300 words):** | 20% |
| 1. **What barriers do you think may limit your participation and successful completion of this project? How will you seek to overcome them?**

**Applicant response (max 300 words):** | 20% |
| 1. **How will you plan to make changes sustainable beyond the project? How will the practice incorporate new skills into current workflows?quali**

**Applicant response (max 300 words):** | 25% |
| **ADDITIONAL ITEMS** | **NON-WEIGHTED** |
| **Please list the name of the general practitioner(s), practice nurse(s) and practice manager or admin staff who will be participating in the program.** ***Please note, a minimum of three participants, two of whom must be clinical, including at least one GP, one nurse and one practice manager or admin staff.*** |  |
| **Please provide any additional information to support your application.** **Applicant response:** |  |

## ATTACHMENT 1 – DRAFT CONTRACT

Please see this [Short Form Services Agreement Template](https://app.prompt.org.au/download/186337?code=e72902a2-2e06-4a6f-af68-f6113cac183b) as an example of a draft contract

## ATTACHMENT 2 – educATIONAL Program structure

|  |  |  |  |
| --- | --- | --- | --- |
| **Week** | **Phase** | **Component** | **Time(approx.)** |
| Week 1-2 | Reflect | Complete survey and practice checklist | 15 minutes |
| Week 3-4 | Prepare | Pre-reading and e-learning module on ‘Identifying and Responding to Domestic and Family Violence’.Watch short video “Start the Conversation” | Up to one hour |
| Week 4-5 | Interact | Whole-of Practice Training Session 1 | 90 minutes |
| Week 5 | Learn | Clinical staff to complete practice audit and reading | Up to one hour |
| Week 6 | Interact | Clinical Practice Training Session 2 | 90 minutes |
| Week 7 | Review | Undertake HealthPathways Melbourne ‘Domestic Violence' pages reading | 45 minutes |
| Week 8-12 | Evaluate  | Complete training evaluation form and post-training survey | 15 minutes |