

Question & Answers

Market briefing session – 11:30 a.m. Tuesday 6 May.

Q1. Will the patients be involved in the codesign phase?

A1. As outlined in the briefing there are three phases to the initial establishment of the Health Care Neighbourhood project. Allowing for timelines, NWMPHN is hopeful that commissioned services and patients can be brought together to co-design the model of care.

Q2. Will the neighbourhood care team be involved in co-design? Has the project been co-designed around the problem already?

A2. As outlined in the briefing there are three phases to the initial establishment of the Health Care Neighbourhood project. Allowing for timelines, NWMPHN is hopeful that commissioned services and patients can be brought together to co-design the model of care.

Q3. Do the clinicians provide any direct clinical services besides assessment, referral and coordination? Social work interventions?

A3. Yes, in addition to clinical assessment, planning and referral, the neighbourhood team will also be providing self-management support and education and social work interventions such as linkages to community services. Please see further detail in the Request for Tender documentation regarding workforce requirements.

Q4. Is there a preference for the clinical discipline of the clinical care coordinator e.g. allied health or nursing?

A4. The clinical care coordinator must have a nursing or allied health qualification and experience in coordinating care. Please see further detail in the Request for Tender documentation regarding workforce requirements.

Q5. Does the Clinical Care Coordinator have to be a clinical employee? Because they are often flat out. Persons with clinical experience, but in a non-clinical role who have epidemiology/health services research expertise would be ideal.

A5. Please see further detail in the Request for Tender documentation regarding workforce requirements.

Q6. Is this the same MDT project which was launched in March this year? Which are the 4 GP practices commissioned - or at least, where are they located within Hume?

A6. Yes, this is the same project. We launched an expression of interest for GP practices to participate late last year and again in March and April this year.

This Request for Tender relates to the neighbourhood care team which will support the commissioned practices in the project. Information on these four practices will be provided to the successful provider.

Q7. Are you able to share any information on the assessment panel? i.e. what roles or organisations are involved?

A7. No, for probity reasons we are unable to share any information about the assessment panel, other than to say they are a mix of internal and external roles to the PHN.

Q8. Are you able to share anything about the driver of the timeline from tender open to close?

A8. Yes, the main driver is the Department of Health & Ageing requirements around the end of financial year i.e., funding schedules and requirements. Following notification of this funding in August last year, NWMPHN developed the concept, commissioned general practice and translated the concept into this approach to market.

Q9. Can the Neighbourhood team be a Psychologist and a GP?

A9. Please see further detail in the Request for Tender documentation regarding workforce requirements.

Q10. Are there specific demographics/age ranges this project is aiming to target?

A10. Please see further detail in the Request for Tender documentation for an outline of the target population.

Q11. Are the referral inclusion criteria fixed? 'One or more chronic conditions and/ or psychosocial complexities...' Just concerned that if the focus is on chronic and complex care, referrals will blow out with the psychosocial component alone.

A11. Referral criteria will be further developed as part of the co-design process. The target population has been intentionally left broad to ensure that each model needs the needs of the local patient cohort.

Q12. Will previous multidisciplinary initiatives be referred as part of co-design...there are many and several local ones

A12. Yes, lessons and reflections from local and national models will be incorporated into the model design.

Q13. Can the Neighbourhood Team be a General Practice that includes a Clinical Co-ordinator, Social Worker and Physiotherapist or other Allied Health workers?

A.13 Please see further detail in the Request for Tender documentation regarding workforce requirements.

Q14. If a general practice is successful with being commissioned as one of the four selected participants, are they still eligible to apply for this opportunity as well?

A.14 Please see further detail in the Request for Tender documentation regarding the capability and capacity required to deliver the neighbourhood care team.

Q15. Will you consider organisations, whose catchment area only partially includes Hume region?

A15. Please see further detail in the Request for Tender documentation regarding the capability and capacity required to deliver the neighbourhood care team.

Q16. How would you ideally like the four general practices be involved throughout the process?

A16. The overall objective of the Health Care Neighbourhood Project is to establish a collaborative, patient-centred approach to care, where primary health care providers from diverse disciplines work together, improving patient outcomes and delivering safe, high-quality health care through a multidisciplinary approach. The neighbourhood care team will be required to work very closely with each of the general practices commissioned to build relationships and collaborative ways of working.

Q17. What is the timeline for the codesign phase?

A17. Co-design of the models of care will occur over a period of approximately 1-2 months prior to implementation in August 2025.

Q18. Is a GP clinic that is a part of a community health team eligible to apply? Community health team consists of multiple allied health professionals.

A18. Please see further detail in the Request for Tender documentation regarding the capability and capacity required to deliver the neighbourhood care team.

Q19. Will the research or referencing be shared as part of this tender?

A19. As a commissioner, NWMPHN has drawn on a range of local, national and international evidence to inform its commissioning approach. NWMPHN also consulted local primary care providers and other service providers to understand the barriers and enablers to delivering enhanced multidisciplinary care. The tender document lists a small number of references.



We acknowledge the peoples of the Kulin nation as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.