

Market Briefing:

Commissioning of Neighbourhood Care Team The Healthcare Neighbourhood Project

Please note this session is being recorded

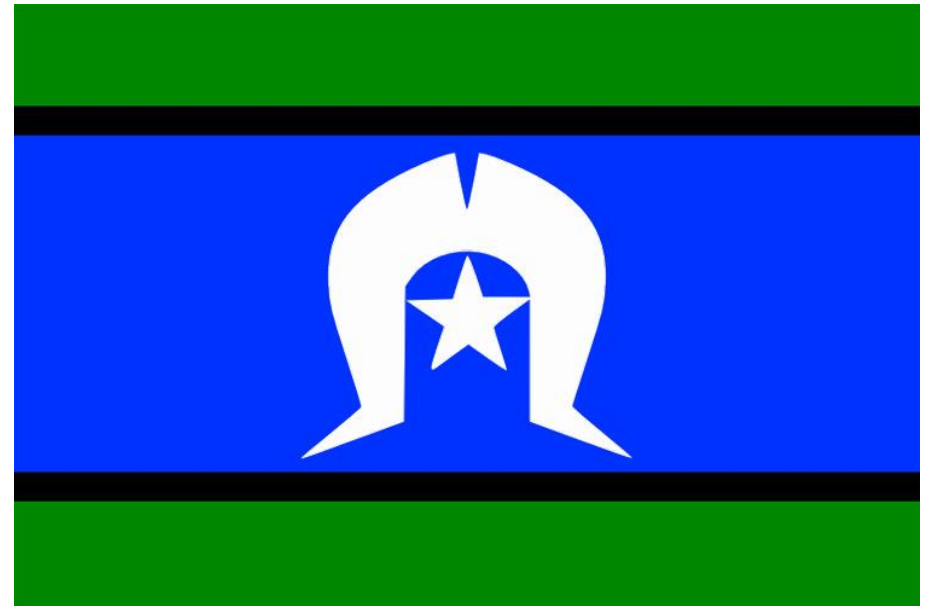
Tuesday 6th May 2025

Acknowledgement of Country

We acknowledge the traditional custodians of the lands across which our work takes place: The Wurundjeri Woi Wurrung people, the Boon Wurrung people and the Wathaurong people.

We pay our respects to their past, present and future Elders.

We would like to acknowledge that sovereignty was never ceded. The land always was and always will be Aboriginal land.



Who we are

Bianca Bell – Executive Director, Health Systems Integration

Sarah O’Leary – Director, Integrated Care

Cecilia Mallet – Procurement Manager

Juliet Fieldew – Program Officer, Integration

Today's session

Item	Speaker
Welcome, Acknowledgement of Country and Introductions	Bianca Bell
NWMPHN and our region	Sarah O'Leary
Background and Project Overview	Sarah O'Leary
Tender application process	Cecila Mallet
Questions	Sarah O'Leary – Director, Integrated Care, NWMPHN

Housekeeping



Participants will be muted throughout the presentation. Our team will monitor the chat function if you need assistance with anything.



This session is going to be recorded so those who are unable to attend today have the same access to this information – of course we understand if this means you would prefer to have your camera off



There will be time at the end of the session for you to ask questions – please add them to the chat – this gives everyone the opportunity to ask questions. All questions will be noted and responded to in the session or shared afterwards with the recording.

A decorative graphic in the top-left corner consists of three overlapping circles: a large purple one, a medium orange one, and a small teal one. The teal circle is divided into four quadrants by a white cross. The background is a dark blue field with various geometric patterns, including concentric circles, parallel lines, and a grid of dots.

1

NWMPHN and Our Region

What are PHNs?

Primary Health Networks exist to ensure that all Australians, regardless of where they live, can access health services which are effective and integrated across primary, acute and aged care.

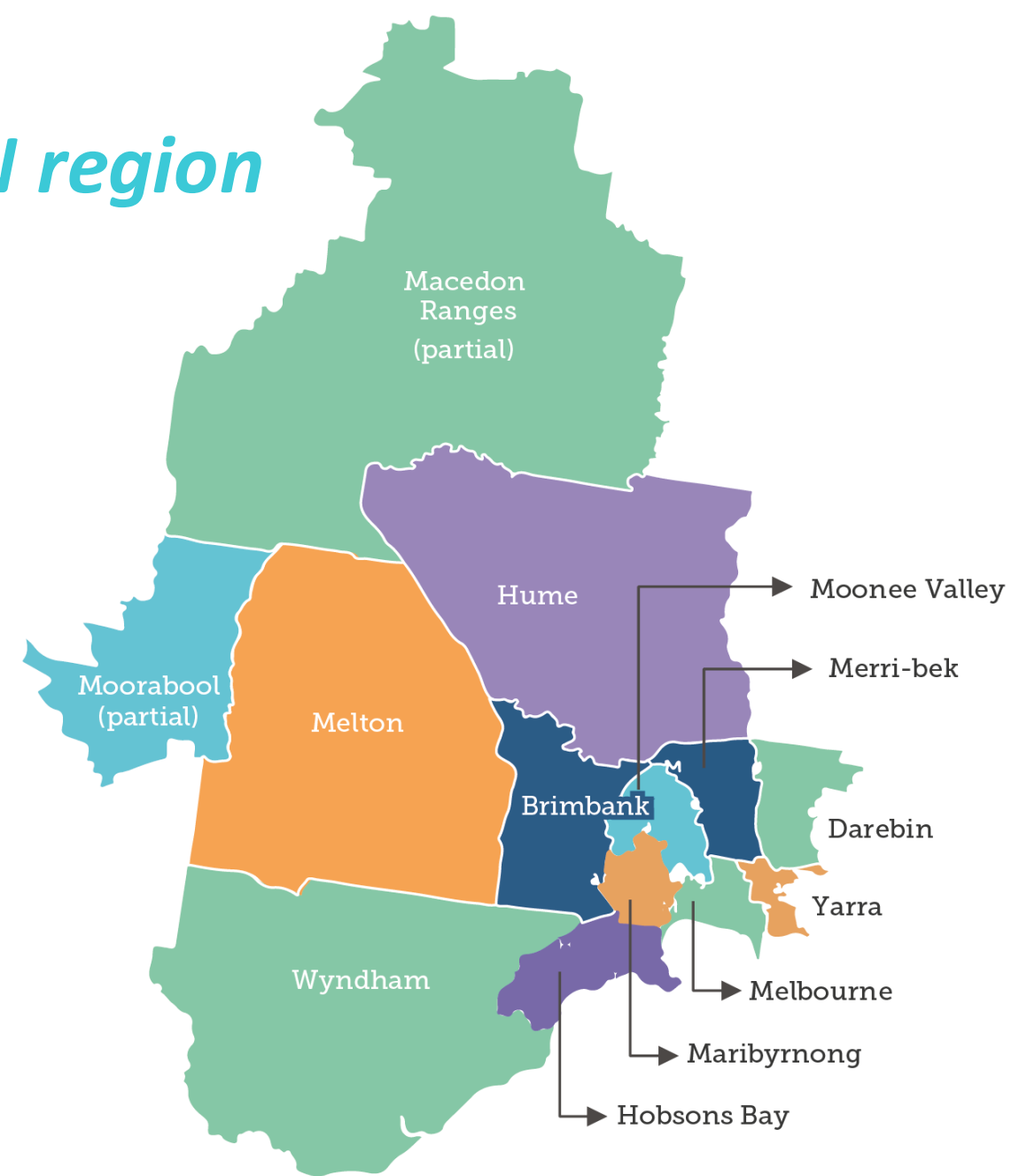
We find out what health problems people in our region are living with and what services there are to support them.

Then, we produce services or solutions, working with general practice, allied health and community health, other health professionals plus hospitals, government and non-government organisations.



North Western Melbourne PHN region

- 1.9 million residents
- 1000s of primary health care providers
- 542 general practices
- 12 major hospitals and 15 private overnight hospitals
- 375 pharmacies and 3 super-clinics
- 22 mental health inpatient service providers
- 120+ mental health and alcohol and drug service providers (NGOs)
- 126+ aged care facilities
- 13 Local Government Areas
- 61% of the population is in Melbourne inner city and suburban areas

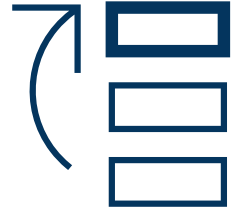


The background is a dark blue field filled with various geometric patterns, including concentric circles, parallel lines, and a grid of dots. In the top-left corner, there is a graphic consisting of two overlapping circles. The top circle is divided into four quadrants: top-left is green, top-right is orange, bottom-left is light blue, and bottom-right is brown. The bottom circle is a solid purple. A large white number '2' is centered within the purple circle.

2

Background

Australia's system doesn't support widely accepted standards of chronic disease care



Chronic disease
is **high priority**



Self-mgmt. is the
goal of care



Care is
integrated



Patients have
care **continuity**



Multi-disciplinary
teams provide care

Recent Form - Strengthening Medicare – Encouraging multidisciplinary team-based care

Workforce Incentive Program – Increased payments to support multidisciplinary team care

National Scope of Practice Review

Review of General Practice Incentives

Primary Health Network commissioning of multidisciplinary teams



3

Health Care Neighbourhood Project Overview

Healthcare Neighbourhood Project

Objective:

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 Health Care Neighbourhood Project aims to:

- i. strengthen the **capability of primary care providers to deliver multidisciplinary care**; and
- ii. improve patient care by **designing and delivering multidisciplinary care in general practice**.



Healthcare Neighbourhood Project



Healthcare Neighbourhood Project

Model component	Description
General practice team	<p>Four general practices will be commissioned by NWMPHN to implement enhanced multidisciplinary care within their practices.</p> <p>NWMPHN will work with each commissioned general practice to co-design a model that best suits their ways of working and patient cohort.</p>
Neighbourhood Care Team	<p>The model of care will be supported by a 'neighbourhood care team'. This team will be commissioned by NWMPHN to work one day per week at each of the four general practices, with a further day allocated for project management and administration.</p> <p>The team will be made up of a clinical care coordinator and a social worker. These specific functions have been selected because they have been demonstrated to improve coordination and increase person-centred and comprehensive care.</p>
Local allied health providers	<p>NWMPHN will encourage the utilisation of the practices' existing allied health referral networks where possible and when capacity allows. Depending on demand and service needs, additional allied health providers may be engaged.</p>

Healthcare Neighbourhood Project

Where are we now?



Phase 1

Commission **4 General Practices in Hume**
Codesign workshops with GPs

Phase 2

Commission the **Neighbourhood Care Team**

Phase 3

Collaborative review of codesign outputs (Phase 1)
Model design, planning and implementation

Phase 4

Implementation
Rollout and testing
Ongoing service delivery and model improvement based on learnings

Phase 5

Program Evaluation



4

Commissioning requirements

Commissioning of Neighbourhood Care Team

Scope of work

Item	Description
Funding	\$769,962.94 – over FY25/26 and FY26/27
Location	Hume LGA
Service delivery setting	Four general practices
Target population	People who have one or more chronic conditions and/or psychosocial complexities; and have been identified by the general practice team.

Commissioning - Scope of work

NWMPHN seeks to commission **one suitable organisation** to provide a **highly mobile two-person team** in the LGA of Hume - the *Neighbourhood Care Team*.



The team will:

- ✓ comprise of a clinical care coordinator (1 FTE) and a social worker (0.8 FTE) – for continuity of care and trust building with practices, this must be two staff members.
- ✓ work collaboratively alongside GPs across four Hume general practices, spending one day per week at each practice with a further day for administration and management
- ✓ assess patient needs, support patient self-management, and coordinate access to other allied health and support services
- ✓ support the delivery of comprehensive, coordinated and collaborative care that meets the needs and preferences of the target population

Please refer to the full RFT document for details.

What we are looking for

Organisations that can demonstrate:

- ✓ Experience in implementing chronic disease management programs in general practice
- ✓ Experience in delivering programs that involve care coordination and social work services
- ✓ Experience in delivering programs or services that utilize Patient Reported Outcome and Experience Measures (PROMs and PREMs)
- ✓ Ability to provide predominantly face to face services in the Hume LGA region
- ✓ Robust Organisational Governance Framework including evidence of relevant policies and procedures for Continuous Quality Improvement, Risk Management Framework, Clinical Governance Framework

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4

Tender Application Process

Probity during the commissioning process

NWMPHN aims to provide the highest levels of probity, ethical and professional tendering of our commissioned services in order to ensure fairness to all bidders and integrity in the process.

Probity is the responsibility of everyone involved in the commissioning process, including NWMPHN staff and potential bidders.

All questions regarding commissioning **must** be directed to NWMPHN's Procurement Team via Tenderlink. Answers to questions will be made available to all potential bidders in Tenderlink.

This means your specific questions regarding commissioning **cannot be** answered by any mechanisms outside Tenderlink.

Commissioning Timeline / Tender Applications



Organisations interested in tendering need to register and submit an application on Tenderlink
<https://www.tenderlink.com/mpcn/>

Tender access and portal

Tenders are advertised on the [NWMPHN website](#) and includes the link to Tenderlink, our e-tendering portal.

- Providers **must** register to access and submit a tender via Tenderlink. It is quick and easy to register.
- Tenderlink guidance documents previously shared on the [NWMPHN website](#)
- All questions and responses must be submitted through Tenderlink

Procurement Tips – preparing your application

- Plan your response early to allow time for clarifications Q&A and addendums (if any) during the tender open period.
- Ensure you understand the Evaluation criteria and focus your answers around them.
- Read the questions thoroughly to ensure all is clearly understood
- Each question is weighted depending on how important it is. Pay close attention to the weightings attributed to each question and ensure it is reflected in the detail and length of your response
- Don't assume prior knowledge. Keep in mind the Evaluation Panel may include people with limited knowledge of clinical or complex terminology



Procurement Tips – writing your application

- Use active writing style
 - using words/phrases like ‘effectively’, ‘demonstrated’, ‘had a positive impact’, etc.
 - Avoid using words like ‘may’, ‘could’, ‘might’ (etc.)
- Use simple language. Be concise and clear.
- Use bullet points and/or headings to segment your answers.
- Draft responses in line with word limit – *words beyond the word limit count will not be considered*
- Always use real-life examples and/or case studies to back up your response
- Missing attachments, responses, etc. will not be evaluated



Procurement Tips – submitting your application

Ideally upload responses **before** the closing day.

Do not leave it until just before the closing time.

Leave **enough time to upload** a maximum of 5 submissions.

Consider:

- Your network capacity on the day, firewalls, file size and file formats. Keep file names short.
- Tenderlink's network capacity and system requirements for capturing responses
- NWMPHN's capacity to assist all providers on closing day if material issues arise during your upload
- Contact Tenderlink long before closing time if experiencing system-related technical issues



Commissioning Timeline / Next Steps



* These dates are subject to change

*Please add your questions
in the chat*

8

