

North Western Melbourne - PHN Pilots and Targeted Programs

2023/24 - 2027/28

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 *

Existing



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 2024-2028

Priorities

Priority	Page reference
Primary health care - Enhance collaboration & partnerships among public & private service providers, community services, & primary care to develop coordinated shared models of care (6.3.2)	190
Primary health care - Enhance primary care workforce capability to increase access to affordable primary care and allied health services to provide effective, person-centred care (6.2.1)	190
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Primary health care - Improve health sector capability to implement data driven quality improvement to measure patient experience and health outcomes (6.3.9)	190
Primary health care - Incentivise general practice as a career to attract and increase primary care workforce capacity (GPs, nursing, allied health, GP registrars, international doctors) (6.1.13)	190
Primary health care - Increase access to flexible models of care to improve reach to at-risk cohorts (6.1.4)	190



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

26/02/2023

Activity End Date

28/12/2024

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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- 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

25/02/2023

Activity End Date

28/12/2024

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones



Activity Commissioning

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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

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Is this activity the result of a previous co-design process?

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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 25/29



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 25/29

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 activities delivered in previous phases of the program, as well as consumer insights from the Dying Well Panel, extensive literature review and stakeholder engagement, the following activities will be implemented to achieve the objectives of the GCfAHPC program.

Staffing,

- two Full Time Equivalent staff members to support GCAHPC initiatives

Needs Assessment and Collaboration:

-
- Undertake an activity to identify local palliative care needs, primary care and palliative care services capability, and gaps in access to quality palliative care at home.
- Actively participate in National and Vic/Tas PHN Communities of Practice, to learn and share experiences from current implementation.
- Engage with other regional health networks and stakeholders to share experiences, knowledge, and resources, fostering a collaborative environment.
- Participate in national evaluations by providing relevant data and insights.

Primary Care Capability Building:

- Capability-building activities to support primary care providers to better understand and recognise palliative care needs, and improve early referral to and delivery of quality palliative care at home. This includes activities to improve knowledge and confidence in advance care planning.
- Explore various methods to provide education and training for primary care on palliative care. This could include but not limited to in-practice education, webinars, workshops, and promoting other educational activities and resources.
- Develop and update resources and communicate information through a variety of channels such as websites, social media, and newsletters.
- Develop and refine clinical pathways, including clear referral pathways to ensure general practice can refer to palliative care services early and effectively.
- Support primary care practices in their continuous improvement efforts using quality improvement methodologies and engagement.
- Work with regional palliative care consortia to identify opportunities for collaboration that enhance primary care capabilities.

Improved Service Capacity, Responsiveness and Coordination:

- Update local health pathways in collaboration with general practices and palliative care experts and communicate these updates to primary care providers.
- Continued collaboration 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. Identify opportunities to address gaps and barriers in service delivery and to improve access and equity of palliative care.

Community awareness: undertake community awareness activities to promote increased understanding of palliative care and services available. This will be informed through community consultation including consultation with Community Council.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

Priority	Page reference
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6)	184



Activity Demographics

Target Population Cohort

People with a known life-limiting condition and their families

In Scope AOD Treatment Type ***Indigenous Specific ***

No

Indigenous Specific Comments**Coverage****Whole Region**

Yes

**Activity Consultation and Collaboration****Consultation**

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- Mental Health
- Aboriginal and Torres Strait Islander Health
- Older Adults

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



Activity Milestone Details/Duration

Activity Start Date

25/06/2019

Activity End Date

29/06/2029

Service Delivery Start Date

29/06/2019

Service Delivery End Date

30/09/2029

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 25/26



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 25/26

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 local family violence services to provide secondary consult and mentoring for general practice in the NWMPHN region. Through evaluation and continued partnerships key themes, needs and gaps will be identified from the Secondary Consult and Service Navigation to inform activities, resources and services to further contribute to capability building for primary care for the remainder of the program

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 incorporates 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. Education sessions on specific areas within Family Violence offered with all practices in the region eligible to attend.

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.

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.

Local evaluation will be undertaken to monitor the experience of participants, activity and impacts of the Secondary Consult and Service Navigation.

NWMPHN will also contribute to and participate in the national evaluation and other joint evaluation initiatives.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2024-2028

Priorities

Priority	Page reference
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188



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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- Older Adults

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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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- Research institutes
- Academic and training institutions
- 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

25/06/2020

Activity End Date

27/06/2026

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

Yes

Decommissioning details?

The Support and Navigation Service will be defunded as per current contract. Focus for 25-26 will be communicating to primary care details of where ongoing support can be provided across the family violence sector. An internal evaluation of the Support and Navigation Service is being undertaken which will explore the model and outcomes and learnings to inform the national evaluation and other work at the PHN.

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.