

Innovative After Hours Healthcare Solutions RFT Briefing

Susan Rice

phn
EASTERN MELBOURNE

An Australian Government Initiative

After Hours Needs Analysis

EMPHN Prioritisation Project –EMPHN commissioned a consultant to identify the top 5 after hours issues across the catchment and to develop a prioritization framework.

The project involved extensive consultation with the community and key stakeholders including:

- Community Health
- Hospital Networks
- RIR and RACFs
- Local Government
- MDS
- GPs
- Mental Health Services
- Community

Issues/gaps identified

- Workforce issues impacting the delivery of after hours healthcare
- Lack of system integration and innovation across the after hours service sector
- Inadequate access to After Hours GP Services in the outer east and outer north of the catchment
- Communities perception about what is and isn't an emergency resulting in unnecessary presentations to ED, particular for category four and five conditions. Also lack of knowledge of services available.
- Inadequate access to after hours services for vulnerable populations
- <https://www.emphn.org.au/what-we-do/after-hours>

EMPHN Solutions to issues/gaps

Commission services/solutions to address gaps:

Geographical areas and population groups, including vulnerable and at-risk populations, of the EMPHN community have limited access to after-hours primary healthcare resulting in an overutilization of hospital emergency departments for low acuity conditions and primary care type presentations.

Intended outcomes of the Tender

- Increased access to after-hours healthcare services for the community residing in areas with there is currently limited GP coverage including limited access to Medical Deputising Services (MDS).
- Decrease in primary care type presentations at local hospital Emergency Departments (ED) in the after-hours period.
- Enhancement or implementation of new innovative service delivery models to increase access to healthcare in the after-hours for vulnerable populations. Modality of solutions will be innovative and will incorporate a range of solutions outside of the traditional service models including, programs trialing alternative models of care, sophisticated triage systems, enhanced service delivery, and re-design for better access etc.
- Enhancement or implementation of integrated service delivery models that support patient centered care and provide improved value in the cost of care.

RFT Tender options and indicative amount

| Tender options | Indicative amount |
|--|-------------------|
| Part A –Innovative after-hours healthcare solutions for geographically isolated communities in the Outer East | \$230,000 |
| Part B Innovative after-hours healthcare solutions for geographically isolated communities in the Outer North. | \$230,000 |
| Part C-Innovative after-hours healthcare solutions for vulnerable populations including CALD/Refugee populations, homeless, those experiencing Drug and Alcohol issues, those in the community requiring palliative care, Aboriginal and/or Torres Strait Islander people, People with a disability and children aged 0-4 in the Northern Area | \$230,000 |
| Part D– Innovative after-hours healthcare solutions for residents residing in RACFs (*) or Older Persons in the community | \$120,000 |
| Part E -Innovative after-hours healthcare solutions for those in the community experiencing mental health issues | \$185,000 |
| Part F -Innovative after-hours solutions for young people experiencing mental health issues | \$255,000 |

Important timelines

| Activity | Date |
|--|--------------------|
| RFT issued | 19 March 2018 |
| RFT Briefing for organisations | 27 March 3-4pm |
| Closing date for online Pre-qualification to participate in tender | 5 APRIL 4pm |
| Final FAQ's published | 9 April 2018 |
| RFT close | 12 April 2018 |
| Score | 18 April |
| Tender Presentations if required/follow up questions from panel closing date | 26 April -3-7pm |
| Notification of successful tenderer/s | 7 May |
| Contract negotiations | 8 May -16 May |
| Contract(s) signed | 23 May 2018 |
| Contract(s) start | 1 June 2018 |

NOTE CHANGE OF ONLINE PREQUALIFICATION TO THURSDAY 5TH APRIL 4PM

ADDITIONAL INFORMATION FROM MANAGER OF BUSINESS SERVICES, EMPHN

Jane Clarke, EMPHN

I am manager of business services at EMPHN and one of my remits is procurement which includes the internal probity advisor role, hence my role here today.

There have been a couple of questions in relation to the pre qualifications. That is a process that not all PHN's, and not all tenderers have been familiar with across the space of the primary health networks.

One of the reasons we do the pre qualifications is its part of our due diligence to understand with whom we may be contracting. It is an expectation of the commonwealth when we are contracting such amounts of money and the public resources.

Understanding who tenderers might be partnering with, or if you are a lead for a consortia is the type of information we are looking for in your pre-qualification response. We need to understand from a risk and a value for money perspective and also to ensure that we have a sustainable contract in place for the longer term.

If you are engaging General Practitioners to work in your practice and they are invoicing you that is not the kind of sub- contracting we are seeking from tenderers in your pre-qualification response.

We would certainly want to know information about key personnel you may be sub-contracting such as individual GP's for contract purposes.

Keep in mind that pre-qualification is also about saving you the time and cost of writing a tender if you cannot meet our minimum requirements. We do see it as a benefit for both sides/parties so you can promptly know where you stand.

The fact that you can't see the online response form before you do the pre qualification tender shouldn't be seen as an issue. We can certainly give you screen shots of what that looks like if anyone is concerned about this, however the layout and questions relate directly to the criteria in RFT Part B. There is capacity to attach additional information if that is called out in the RFT.

In relation to unaudited financial statements, from a probity arrangement we are happy to receive those. It is really is about understanding the financial sustainability and also the structure of the businesses with which we are potentially contracting. We have to report to the commonwealth on a range of things, including with whom we contract.

In terms of general probity most of you would probably be familiar with the procurement process so there would not be anything that is new to you. eProcure meets the probity requirements to ensure this is a fair process for everybody. The Primary Health Network and health system is a small market and there are a lot of people who know one another and a lot of people who interact and we want to protect both you and our staff.

If you have any problems with using the system from a technical perspective the eProcure help desk is very responsive. Angela can resolve things for you very quickly and if not she will get us on board and we will respond to it very quickly as well. We monitor the system all the time.