Question	Response
Is there an indication of expected volume of primary and secondary consultation services?	EMPHN previously piloted a Psychiatric Secondary Consultation Service, however service uptake was lower than expected. In addition, the current service specifications outlined in the Request for Tender include a range of different service offerings that have not yet been piloted. Given this, it is very difficult to predict volume of consultations. EMPHN expect that secondary consultations will be the majority, and primary consultations will be the minority of delivered services. EMPHN expect that tenderers propose a model that would be able to manage demand. We will calculate estimated service numbers and post the response on eProcure.
Would the successful tenderer be able to promote the service actively to GPs within the catchment?	Yes. Marketing and advertising the service to GPs will be required. We have an arrangement where any EMPHN contracted providers need to work with EMPHN's internal communications team to review and approve any marketing materials.
In terms of staffing – will EMPHN look at a multi-disciplinary team approach, where other mental health clinicians screen referrals, and then psychiatrists follow up?	EMPHN welcomes tenderers to propose service models that meet the specifications in the Request for Tender. A key element of this service includes psychiatrists.
With the funding – is it block or activity funded?	It will be a mixture of activity and outcome based funding.
Regarding funding - How do you see secondary consultations being funded if there is no Medicare benefits schedule item number for a specialist to be providing advice to a GP, unless it's under a care team arrangement. E.g. the GP talks to a psychiatrist for 10 minutes about medication. There is no Medicare item number for that. Would you want tenderers to put forward a cost for those consultations, based on a time limit?	There are a range of Medicare item numbers that can be utilised by GPs as part of managing care team arrangements. However, for a shorter medication type of secondary consult, this would not be funded through Medicare for GPs. In regards to funding psychiatrists as part of the service, EMPHN welcomes tenderers to submit their proposed funding models as part of the tender. .
Do we have to put forward a fee schedule for our services?	Yes
Regarding the GP practice visits: are you wanting psychiatrists to visit general practices for a general sit down/chat with clinicians around questions they might have?	Practice visits are about ensuring integration with the Mental Health Stepped Care Model. We want to upskill GPs and practice staff regarding how to understand and manage consumers with mental health and AOD issues within their practice. We also want GPs and practice teams to understand how to create referrals and know about other services in the sector they can refer to if they need to escalate their mental health response. EMPHN is looking for a mental health stepped

Question	Response
	care champion, providing an overview of the model and assisting with linkages and referral pathways as needed.
Are you open to have a representative of the service provider, who is not necessarily a psychiatrist, visit GP clinics, or do you specifically want psychiatrists conducting GP practice visits?	Tenderers are welcome to propose a model that they believe will engage GPs and get buy-in around mental health and understanding the service sector. If this model includes using a different workforce, then please include that in your proposal. Whilst GPs like to have doctor to doctor support there is the potential to utilise other mental health clinicians for support and capacity building. We are open to consider other models you feel will be effective.
Can the GP practice sessions be held at our location, rather than us going to GP clinics?	We appreciate GPs are busy, and often those arrangements and sessions outside of GP practices are not well attended. Whilst we're interested in hearing about any opportunities for capacity building, we're also looking for a more targeted response.
How will this service be different from current GPs who write care plans and refer to mental health services?	This service isn't about GPs writing care plans. It's about capacity building for GPs to support them to manage consumers with mental health and AOD issues in their practices. We're looking for an opportunity for modelling and skill building for GPs, so they are confident in managing consumers in their clinics. We're not looking for GPs to just develop mental health treatment plans. We're looking for GPs, and other EMPHN commissioned service providers, to avail themselves of the opportunity to upskill in MH and AOD treatment management, and gain more confidence in managing consumers with mental health and AOD issues.
Has EMPHN looked at successful regional models?	We have looked at some of the other models available currently. We understand some services have worked regionally but have not been so successful in metro areas. We recently undertook a service improvement workshop, looking at barriers, and areas for improvement.
Are there more details on what outcomes EMPHN is wanting to measure?	The tender has information about some of the key performance indicators EMPHN are looking for as part of service delivery. These measures will be refined through the contracting process. We appreciate new services take time to develop, so the KPIs are a balance between activity and outcome measures.
Do you have a cap on the two year funding? What if it's wildly successful and service demand exceeds targets/available resources. Will the funding be capped?	Funding is not unlimited. We will do our best to include some service targets. However, the pilot model trialled in 2017 did not have great uptake, which has placed us in a challenging space to set absolute targets. Our strategy is for the service to support the Mental Health Stepped Care Model. We know General Practice does struggle with the complexity of consumers with mental health and AOD issues in a primary care setting. This service is here to enhance their ability to respond to that. However, there are limitations with our funding. We want to be clear that the main purpose of this service is for secondary consultations. Primary consultation has to be used

Question	Response
	advisedly – it is not a default position. Given the prevalence of mental health in the community and particularly consumers with co-morbidities, we want to increase the capacity of General Practice. These consumers will be managed in general practice, not hospitals. Lifelong management is in general practice, so we're endeavouring to build that capacity in general practice to manage more effectively.
In terms of risk, without known funding and numbers, if organisations have to recruit practitioners to deliver services, what happens if the service uptake is low?	It's a commercial contract, and targets would be set through this process. Our experience has been poor service uptake, so setting high numbers may make it highly unachievable. We will work to set some indicative parameters and issue an addendum to the RFT on eProcure. If you're registered on eProcure, you'll be notified of the addendum automatically via eProcure.
Would you consider a minimum financial commitment to the service, to help mitigate some of that risk?	Yes, we would look at that and develop a contract accordingly. There are a number of ways we could do it. We could set up the contract with incentive payments for example.
Has the PHN ever worked collaboratively with other PHNs on these types of services, to make it more cost effective, or do you only ever work in silos?	While we are a network, we have been set up as individual organisations, so that is a part of our journey. We are looking to see how we can do things on scale, and in a much more collaborative approach, across jurisdictions. This is still in development.
Are you open to the prospect of paying doctors to use the service? Would you ever pay the GP for using the service for a 10 minute secondary consultation?	No. This is a service to assist GPs, EMPHN will not be paying them to use it. Ultimately this service aims to deliver a benefit to their patients by upskilling GPs. GPs need to manage a business model that allows them to maximise the opportunity provided to them, not through being paid to use it. We are paying the psychiatrist to deliver the service However, there may be arrangements/opportunities under team care to utilise Medicare items, but not for a 10 minute secondary consultation. Through our Mental Health Stepped Care Model, and our desire to have integrated and collaborative care, we have been advocating with the Department of Health around looking at the MBS schedule to allow some flexibility for this collaborative care approach and team care arrangements. As mentioned previously, we will see what we can do about setting targets or funding parameters. However, when looking for innovation you often do not set funding parameters. In market mechanisms, you often go out to the market without telling the market the funding envelope because you are looking for innovation in responses.