Psychiatric Consultation and Advice Service Sector Briefing

29 August 2018
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Welcome to country

We acknowledge the Wurundjeri people and other peoples of the Kulin nation as the traditional owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

Agenda

- 1. Background
- 2. Service redesign report
- 3. In scope and out of scope
- 4. RFT timelines and submission process
- 5. Evaluation criteria and pricing schedule
- 6. Q&A

Background

2017 Pilot service

Psychiatric Secondary Consultation & Advice service:

- Providing GPs with better access to psychiatrists for consultation and support with the management of consumers with mental health and alcohol and other drug (MH&AOD) issues
- Building the capacity of GPs to enable them to confidently deliver mental health care
- Two modes of service delivery...

Psychiatric Secondary Consultation and Advice Service Innovation Workshop Report

Available to download from EMPHN's Mental Health webpage: https://www.emphn.org.au/what-we-do/mental-health

Inspire. Empower. Improve.



Psychiatric Secondary Consultation and Advice Service Innovation Workshop Report

Prepared improvement Foundation (Australia) L PO Box 36.
Rundle Mail SA 50.

Top identified priority areas

- The service interface appears and operates as one service offering
- Minimum access 9-5 M-F
- Alignment with mental health stepped care model
- Inclusive of both mental health and alcohol and other drug related referrals
- Simple access points of entry
- Streamlined referral process
- Primary consultations (face to face/ telehealth) for more complex clients
- Care Team approach
- Financial Model.

RFT - 'Psychiatric Consultation & Advice Service'

In-scope and Out of Scope

Service Aims:

Building capacity of GPs and EMPHN Commissioned MH & AOD services by:

- Psychiatrist providing assessment, consultation, advice and modelling
- Improving service integration
- Enhancing 'whole-of-person' care.

Specific service outcomes:

- Improving the timeliness of psychiatric advice and support for Service Users
- Increased access to psychiatric treatment options in a primary care setting
- Increased service integration and sector capacity building
- Easing the burden on tertiary level mental health services, and emergency departments
- Supporting capacity building of EMPHN commissioned MH and AOD providers.

In scope

- For the provision of service to people living or working within the EMPHN catchment
- Capacity building of GPs and EMPHN commissioned MH & AOD service providers
- Support collaborative care
- Mental Health Stepped Care Model champion
- Appropriate workforce
- Location
- Service delivery modes, e.g. phone, secure telehealth, secure email, face-to-face.

Service Delivery Formats

- 1. Secondary consultation (majority)
 - De-identified phone/email advice
 - Identified client, with written response.
- 2. Primary consultation
 - The referrer must be present;
 - Only for consumers presenting at Clinical Stage 3 or 4 (see next slide);
 - and where secondary consult doesn't meet consumer needs.

Delivery format to be determined by the service provider

Clinical Staging Descriptions and Characteristics Clinical Description Characteristics Stage Non-help seeking asymptomatic people with risk factors A range of factors that increase the risk of mental ill health, including but not limited to: family history of

mental illness, childhood abuse, developmental disorder

Stage 1a

Help-seeking people with presenting symptoms which are distressing, but are not specific to one disorder, are or low to

perinatal trauma, childhood onset anxiety and affective disorders

Typically help-seeking individuals with non-specific anxiety or depressive symptoms, where those symptom are of mild to moderate severity and the functional impacts are mild.

moderate severity and have limited impact on functioning.

People with attenuated signs and symptoms of symptoms of severe mental disorders, with moderate to severe functional impacts

Development of attenuated signs and symptoms of anxiety, depression, bipolar or psychosis or mixtures. Diagnosis is often unclear and where it is, comorbidity is common. Social, education and employment functioning

disorders, with moderate to severe functional impacts

Stage 2

Diagnosis is often unclear and where it is, como common. Social, education and employment function is often moderately to severely impaired.

Clear cut first episode psychotic, manic, severe

signs and symptoms with major functional impacts

Stage 3

People with recurrent or

Signs and symptoms with major social, educational and employment impacts.

Signs and symptoms have not remitted after 12 months

Stage 3

People with recurrent or persistent signs and symptoms or there has been a recurrence of a previous Stage 2 with ongoing severe functional impacts

Stage 4

People with recurrent or signs and symptoms have not remitted after 12 months or there has been a recurrence of a previous Stage 2 illness.

Stage 4

People with recurrent or signs and symptoms have not remitted after 12 months or there has been a recurrence of a previous Stage 2 illness.

Stage 4 People with signs and symptoms Signs and symptoms persist for more than two years in which are severe, persistent and unremitting

Sector Capacity Building

Champion for the EMPHN Mental Health Stepped Care Model by:

- Providing 3-5 GP clinic visits per month
- Support General Practice to refer to Mental Health Stepped Care, as appropriate
- Support EMPHN commissioned service providers to consider the physical health needs of consumers, and encourage connections back to their GP.

Out of Scope

- Direct referrals from consumers/carers
- Referrals from non-EMPHN commissioned services
- GPs out of catchment, where the client also resides out of the EMPHN catchment
- Provision of services that would be more appropriately delivered by other primary mental health or stepped care services
- Requests for a second opinion, where the consumer is already under the care of a psychiatrist or Local Hospital Network (LHN)
- Duplication of existing services
- Provision of services that would be more appropriately delivered within an acute or hospital setting, etc.
- Written reports, or diagnostic clarification for the purpose of NDIS/DSP or other similar applications, where that is the sole purpose of the referral.

RFT Timelines and submission process

Emma Newton

Manager System Redesign & Service Transition (Mental Health/AOD)

RFT Indicative Timelines

Activity	Timeline
Tender release date	24 August 2018
Tender briefing	29 August 2018
Pre-qualification closes	4pm AEDST, 7 September 2018
Closing date for questions	4pm AEDST, 16 September 2018
RFT closes	4pm AEDST, 19 September 2018
Tender Outcome notification	early November 2018
Service delivery commences	by 3 December 2018

Prequalification requirements

The online response to this tender is in two parts:

- Part E Response Schedule E1 Pre-qualification Eligibility
 Criteria form
- 2. Part E Response Schedule E2 Weighted Evaluation Criteria form

Successful completion of E1 is a mandatory requirement before you can access Schedule E2

Prequalification requirements

Pre-qualification Attachments:

Part E - Attachment 1 Partnering, sub-contracting and other Third Party Arrangements (IF REQUIRED)

Part E - Attachment 2 Tenderers Legal Proceedings (IF REQUIRED)

Part E - Attachment 3 Tenderers Referees template (MANDATORY)

Part E - Attachment 4 Contract Departure template (IF REQUIRED)

The remainder of the tenderer mandatory eligibility requirements are set out according to Part E - documents (Prequalification).

Prequalification requirements

All Responses must meet the following eligibility criteria:

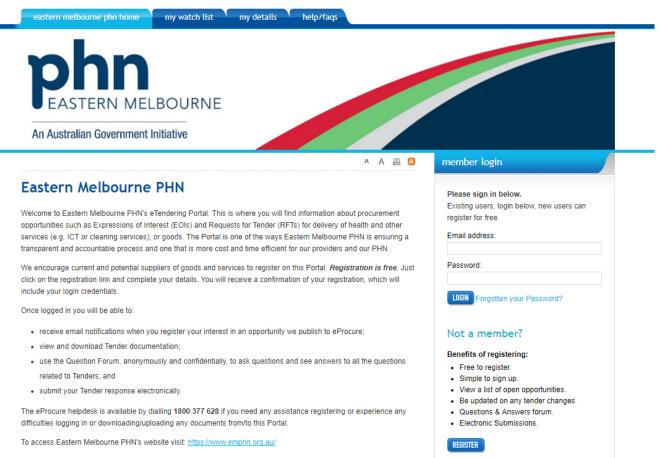
- The tenderer has the capacity to commence service model delivery by 3 December 2018
- The tenderer must be able to deliver the proposed services within the geographical boundaries of EMPHN
- The tenderer complies with all requirements of this RFT.

The remainder of the tenderer mandatory eligibility requirements are set out according to Part E - documents (Prequalification).

EMPHN tender portal:

Register via EMPHN's eProcure online portal

https://www.eprocure.com.au/emphn/



Evaluation criteria and pricing schedule

Evaluation criteria

#	Criteria Category	Weighting
1	Service model and structure	35%
2	Organisational capability	20%
3	Consumer/client/care participation	10%
4	Quality Systems, Risk Management and Performance	15%
	Management	
5	Suitability of budget and value for money	20%

Pricing Schedule

The indicative amount of funding available to deliver this service has not been determined.

Tenderers are asked to submit their service budget via the EMPHN Pricing Schedule template available in eProcure.

EMPHN are looking for a service that provides the best value for the health dollar.

Tender documents

Part A: Conditions of Tendering (to be read in conjunction with Part C)

Part B: Service Requirements

Part C: Reference Schedule (to be read in conjunction with Part A)

Part D: Proposed Contract terms and Conditions

Part E: Response Schedule (to be completed online in eProcure)

Part E: Response Schedule Attachments (uploaded with your online response)

Weighted Evaluation Criteria Attachments:

Part E – Attachment 5 – EMPHN Pricing Schedule template (MANDATORY)

Part E – Attachment 6 – Summary Risk Table template (MANDATORY)

Appendices:

Part B Appendix 1 Service Re-design Report from the Innovation Foundation

Q and A

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Manager, Mental Health & AOD

Emma Newton

Manager System Redesign and Service Transition Mental Health and

AOD

Anne Lyon
Executive Director, Mental Health and AOD



FOR MORE INFORMATION

Please submit any questions in the 'questions' tab of the tender on EMPHN's eProcure