

Expression of Interest – Berry Springs Medical Clinic

July 2023



Overview

NT PHN is responding to the closure of the General Practice in the township of Berry Springs by identifying interested parties who have the capability and capacity to develop and deliver a sustainable model of primary health care services in collaboration with the local community and key stakeholders.

Background

Berry Springs Township is located 50 kilometres from Darwin centre and is one of the outer rural regions of Darwin with a population of 870. General practice services are provided by the sole GP practice, which also services the multiple surrounding communities including Dundee and Wagait Beach. Estimated total population is 7000 people.

The last business day for the current practice was Friday 30th June 2023.

Who should respond?

NT PHN is interested to hear from organisations, individuals or consortia who have an interest, ability and capacity in delivering General Practice services in the current Berry Springs clinic.

NT PHN welcomes consortium applications.

NT PHN has a commitment to supporting NT based providers or providers with appropriate skills and expertise in delivering services in rural and remote communities.

All responses will be dealt with in the strictest confidence.

Activity Details

NT PHN aims to identify individuals or organisations interested in operating a primary care service from the current premises in Berry Springs, preferencing a general practice provider. In addition, NT PHN takes this as an opportunity to discuss a collaborative multi-disciplinary approach to primary health care tailored to local health care needs.

The opportunity:

- Modern clinic fit out ready to use with large waiting area, reception area, four consulting rooms, pathology room, nurse room, staff common area, treatment area and ambulance bay access in the rear of the clinic. A floor plan is available via this EOI.
 - Floor space set up to allow other services to visit the practice such as pathology and allied health services.
 - The landlord is a local member of the community, very open to supporting new owners through lease negotiations.
 - Existing patient population.
 - Estimated 7000 people in the catchment area.
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- Local pharmacy located next door to clinic.
- IGA, café and other small businesses located in the centre.
- Significant community support for clinic.

NT PHN support includes:

- Introduction and/or facilitation of discussions with key parties including current owners of exiting clinic and landlord.
- A \$10,000 grant to support incidental costs incurred in set up.
- Provision of assistance with the set up and implementation of the service through an experienced practice support team.
- Support with recruitment of workforce.
- Support through other NT PHN programs where applicable for example, the Strengthening Medicare reform agenda and initiatives.

Service Delivery:

Interested parties should demonstrate their capacity to deliver general practice primary care services to the Berry Springs township and surrounding communities with an expectation to disclose intentions and plans for:

- operating hours, including option to deliver after hours services.
- workforce/staff capacity both clinical and non-clinical including a breakdown of GP FTE.
- business model and sustainability plan.
- innovation and opportunities for MDT models of care including potential partnerships with allied health services if available, such as Nurse Practitioner led clinics.
- encouraging workforce development including the placement of medical students and GP Registrars.
- promoting a comprehensive primary health care model.
- encouraging service integration.
- maximising bulk billing options.
- engagement and partnership with local stakeholders to achieve these goals.

The EOI Process

NT PHN will accept applications through the Tenderlink portal until **5pm on Sunday 16 July 2023**.

About Tenderlink

Expressions of Interest must be lodged via Tenderlink. Tenderlink is a secure platform, which enables organisations to receive notifications of tenders, ask questions about a tender and apply for a tender. If your organisation has:

- not yet registered on Tenderlink, [register now](https://www.tenderlink.com/ntpnh/) at <https://www.tenderlink.com/ntpnh/>. Registration is free, and quick.

- previously registered on Tenderlink, you do not need to register again.

If you have difficulty accessing Tenderlink, or completing the registration process please contact NT PHN's procurement team:

Phone: 08 8982 1092

Email: procurement@ntphn.org.au

Applicants are advised to carefully review this document, and all attachments before applying.

EOI Meetings

Upon receipt of an application NT PHN will schedule a meeting with each applicant to have a detailed discussion on how they propose to establish a service with a focus on the following elements:

- The proposed model of delivery for general practice primary care services to the Berry Springs and surrounding communities.
- The support that may be required in the development and implementation of this model.
- Aspiration and capacity to:
 - achieve practice viability and sustainability.
 - support innovative and sustainable workforce models.
 - encourage workforce development including the placement of medical students and GP Registrars.
 - promote a comprehensive primary health care model.
 - encourage service integration.
 - maximise bulk billing options.
 - engage and collaborate with key stakeholders to achieve these goals.

All enquiries regarding this EOI should be sent to procurement@ntphn.org.au.

Attached documents:

- Medical Centre Concept Plan
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EOI Application

1. PROVIDER DETAILS			
Legal Entity Name:			
Registered Trading Name (if applicable):			
ABN (or ACN if appropriate):			
Registered Address:			
Postal Address:			
Phone:		Website:	
Email:			
2. CONTACT DETAILS			
Principal Contact: This is the person who is legally authorised to enter into contracts on behalf of your organization			
Contact Name:			
Position:			
Email:			
Phone:			
Contact for this Application: (if different from above)			
Contact Name:			
Position:			
Email:			
Phone:			
3. CONFLICTS OF INTEREST			
Do you or any of your organisation's personnel for example employees, contractors, board members or their immediate family members have a personal or business relationship with NT PHN or any of our staff? <i>Please note that declaring a conflict will not impact on the assessment of your application however knowing this information will enable NT PHN to manage the situation appropriately.</i>			<input type="checkbox"/> No <input type="checkbox"/> Yes - provide details below
4. CONSORTIUM DETAILS (if applicable)			
For consortium applications please provide details of all organisations involved in delivering the proposed activities:			
Lead Organisation:			
Other Organisations:			
Please include a brief overview of any groups or sub-contract arrangements involved in your proposition.			

<p>Please indicate your availability to meet with NT PHN</p>	<p><input type="checkbox"/> Face to Face</p> <p><input type="checkbox"/> Virtual</p> <p>Preferred time:</p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><input type="checkbox"/> Evening</p>
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Final Checklist

Please ensure the following:

- All sections have been completed and questions answered in full where applicable.
- The appropriate person/s have authorised and signed the application.

6. DECLARATION

This section must be completed by an authorised representative of the organisation:

I declare on behalf of the Applicant that:

1. The contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements.
2. I agree to contact NT PHN should I become aware of any changes to information contained in this application.
3. I agree to declare as part of the application process any actual, perceived or potential conflicts of interest, for example financial, material or professional.
4. I understand that this application does not create a legal or binding commitment, arrangement or understanding between NT PHN and the applicant/s.
5. I am authorised to make this declaration on behalf of the applicant/s.

Please submit yes if you agree this is a true declaration Yes No

Name (Block Letters): _____

Position of Authorised Representative: _____

[On behalf of (Organisation):] _____

Date:] _____