

Building Community COVID Vaccination and Awareness Program

Guidelines

NQPHN is seeking applications from organisations which have the capacity to propose a program to reach vulnerable communities in targeted populations.



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.





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Building Community COVID Vaccination and Awareness Program – Guidelines

1. Overview

The Northern Queensland Primary Health Network (NQPHN) Building Community COVID Vaccination and Awareness Program aims to expand awareness of the importance of vaccination in vulnerable communities.

The purpose of this program is to increase their understanding of COVID-19 immunisations, build community capacity, and improve health outcomes.

Applicants may seek funding for up to \$30,000 (excluding GST).

The timeframe for the delivery of activities to meet Program objectives is until 31 December 2023.

2. Program objectives and outcomes

The objectives of this Program are to:

- protect those most vulnerable from COVID-19 and other vaccine preventable diseases (VPDs)
- empower communities by improving their awareness of the benefits of vaccination, resulting in increased uptake of COVID-19 vaccinations in communities with low COVID-19 vaccination coverage, as well as an increased uptake of other recommended vaccinations.
- build partnerships with local agencies and community groups to optimise individual and community uptake of vaccination.

The expected Program outcomes of this initiative are:

- improved awareness of the benefits of vaccination, resulting in increased uptake of COVID-19 vaccination in communities with low COVID-19 vaccination coverage, as well as an increased uptake of other recommended vaccinations
- community building through enhanced partnerships with local agencies and community groups in vulnerable populations.

3. Vulnerable populations

The target population for this initiative is vulnerable populations. This may include:

- those who are experiencing homelessness, including those living on the streets, in emergency accommodation, boarding houses or between temporary shelters
- those who do not have a Medicare card or are not eligible for Medicare
- people with a disability or who are frail and cannot leave home (homebound individuals)
- people in rural and remote areas with limited healthcare options, including those who cannot travel to a regional centre

- First Nations peoples
- people living in remote communities
- culturally, ethnically and linguistically diverse people, especially asylum seekers and refugees and those in older age groups who may find it difficult to use other vaccination services
- children aged 5-11 who have complex needs, who are not captured by another suitable vaccination channel, and
- any other vulnerable groups identified as requiring dedicated support to access vaccinations.

4. Mandatory eligibility criteria

The eligibility criteria for this initiative includes:

- target populations accessing services who live in the NQPHN region
- services must be delivered within the NQPHN region
- budget must be in-scope (please refer to Section 4 below for list of in-scope activities).

5. In-scope activities

Vaccination providers are expected to receive the relevant funding for COVID-19 assessment and vaccination through existing mechanisms (i.e. MBS funding item or equivalent).

Additional funding provided through this Program should support and facilitate targeted solutions, not replace the existing mechanisms.


General Practice MBS Equivalent reimbursement for non-Medicare eligible people

In scope

- Paying an equivalent MBS reimbursement for vaccination of a person without a Medicare card, limited to:
 - vaccine suitability assessment items
 - in-depth patient assessment item/s
 - flag fall for vaccination services conducted at an individual's residence.
- The MBS reimbursement should match exactly the equivalent rate that would be paid to either a general practitioner (GP) or other medical practitioner (OMP) based on the time, location, and dose provided.
- Reimbursements can be paid retrospectively for COVID-19 vaccinations provided since the commencement of the VPP, provided GPs have the necessary records to substantiate their claim.

Out of scope

- Funding for the vaccination of individuals who are eligible under existing mechanisms (such as the MBS, or patient invoices for CVCs).



NOTE: All client details must be entered into the Australian Immunisation Register, regardless of Medicare eligibility. For further advice, including for individuals with an expired or cancelled visa, see [Advice for Vaccine Providers](#).

Partnerships or contract for services

In scope

- Partnering with or directly contracting primary care providers who have established and trusted relationships with vulnerable populations, and those who cannot or do not wish to attend other vaccination sites are supported to obtain maximum patient reach – e.g. migrant and refugee settlement services, homelessness, and family violence service providers
- Working with local government, community organisations and/or ACCHS on tailored solutions to suit local contexts in non-metro regions.

Out of scope

- Funding for incentives, including gift-cards, vouchers, staff bonuses and cash-like products
- Using VVP funds to contract VAPP providers.

Residential Aged Care Home (RACH) and Disability Housing residents

In scope

- Partnering with primary care providers (Nurse Practitioners as part of a general practice, pharmacists, or general practice), who have established and trusted relationships with facilities in NQPHN's catchment to deliver and provide COVID-19 vaccinations to residents. Unless the resident is not Medicare eligible, all reimbursements facilitated under this service should be under MBS reimbursement and any flag fall item available
- Opportunistic vaccination of residential aged care homes (RACHs) and disability facilities is acceptable, however providers must confirm with the facility prior to administering opportunistic vaccines to additional clients that there will be no double up of resources to undertake the vaccination.

Travel

In scope

- **Where possible**, travel expenses should be claimed through the MBS flag fall item. However, reasonable financial support to facilitate access to vaccinations can be supported through the VVP, and could include:
 - vehicle hire – hire of a vehicle to allow travel for a specific pop-up clinic, in-reach service, or mobile vaccination approach
 - petrol – for travel beyond what is reasonably expected to be covered by the usual flag fall distance, or at a location that would not be considered a patient's place of residence. This should be calculated using the ATO travel reimbursement rates
 - travel expenses – for related expenses used for remote outreach services. Where possible, use tools available to calculate distance travel rates (e.g. the motor vehicle and car expenses tool from the Australian Tax Office).

- **Where possible**, public transportation options should be considered for eligible patients where the only reason the patient is unable to attend a clinic is due to transportation. Reasonable reimbursement should be made available for the patient under this circumstance.

Out of scope

- Other travel expenses not related to outreach or mobile services, or which could realistically be expected to be supported through the MBS flag fall item
- Vehicle hire for general business not related to vaccine roll-out activities
- Petrol for general business not related to vaccine roll-out activities.

Infrastructure

In scope

- Purchases – small asset purchases at a threshold limit of \$500 required to conduct a pop-up clinic, such as portable eskies or other equipment required to facilitate vaccination
- Equipment hire – hire infrastructure/equipment to conduct a pop-up clinic, including but not limited to:
 - fridges
 - generators
 - tents
 - tables and chairs
 - portable toilets.

Out of scope

- Prolonged hire of infrastructure/equipment outside of the funding period
- Purchase of infrastructure/equipment that could be hired
- Capital asset purchases.

Communications

In scope

- Local advertising to coordinate/organise and encourage local vaccination efforts, in line with Commonwealth advertising guidelines and the COVID-19 vaccine campaign
- Development of culturally appropriate and linguistically diverse communication materials suited to local contexts, particularly for rural and remote areas when available resources are not appropriate.

Out of scope

- Major campaign advertising or messaging that conflicts with COVID-19 vaccine roll-out. This also includes any messaging on NQPHN's website.

Staffing (for vaccination providers)

In scope

Providing funding to the vaccination provider to:

- contract/engage additional staff, including surge workforce, to support vaccinations through vaccination partners/or provider.
 - This includes engagement of short-term clinical, administration and auxiliary staff (including security as required)
 - Staff should be employed through a participating general practice or other vaccination provider
 - Staffing costs must be funded in alignment with average local rates so as not to create perverse incentives
 - Staff training or up-skilling to support vaccination efforts
 - Interpreters when the Free Interpreting Service is not able to assist or [translated resources](#) are not suitable.

Out of scope

- Providing funding to vaccination providers for staff bonuses or incentives.

Homebound vaccinations

In scope

- People with an injury, chronic health issue, or frailty affecting mobility
- People with moderate to severe physical or psychosocial disability (this could include people with a social anxiety that cannot leave their home)
- People with moderate to severe mental health or behavioural issues not otherwise classified as a psychosocial disability
- Person resides in single in-dwelling setting and is confined to the home (not residential aged care home or residential disability facility).

Out of scope

- In-home vaccinations will only be provided where an individual is unable to attend a vaccine provider. There must be a genuine need, not just convenience.


6. Models of service

Service model requirements

Service providers are expected to propose a program to reach the vulnerable communities in the target populations described above, to increase vaccinations to vulnerable populations, and/or increase understanding of immunisation, build community capacity, and improve health outcomes.

The timeframe for the program delivery is until 31 December 2023.

There are a range of ways in which the intervention could be designed and delivered. Applicants are encouraged to take an innovative approach in the development of their proposed initiatives.



Some suggested activities include education workshops with respected leaders in community, or social media, radio, and other media to educate using existing resources by various Government and health agencies.

It is preferred that no new resources are produced unless there is an obvious gap in the market.

Service providers should consider the following factors in the program design:

- English is the second language for a high proportion of the target audience
- Cultural considerations for staff and clients
- Engaging with appropriate stakeholders within community groups to design a program that builds trust with target audience
- Low level of community engagement with content due to ‘vaccination fatigue’.

7. Reporting requirements

Successful applicants will be required to complete the NQPHN-provided report upon completion of all activities.

8. Responsibilities

Service providers will deliver this program through direct funding from NQPHN, and are responsible for the efficient and effective delivery of the activities.

9. Clinical governance

All services must be provided in line with Australian Government Department of Health and Aged Care (the Department) COVID-19 vaccination guidelines, and the vaccine providers’ existing agreement with the Department.

The Australian Government supports general practices, Commonwealth Vaccination Clinics, and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs) to undertake off-site vaccinations, such as pop-up clinics, drive-through clinics, in-reach/out-reach clinics, as well as home visits.

Information on administering COVID-19 vaccines off-site is available on the [advice for providers web page](#), and all vaccine providers are encouraged to familiarise themselves with their responsibilities in administering these clinics, including (but not limited to):

- meeting all legislative and program requirements
- ensuring appropriate clinical governance and patient safety
- maintaining vaccine integrity and cold chain.

Please note, vaccination providers who choose to administer COVID-19 vaccines off-site retain all legal responsibility for ensuring staff, patient, and community safety. Please consider if your practice has the appropriate indemnity insurance to undertake activities off-site.

The service providers will also be responsible for:

- ensuring that the terms and conditions of the program are met, and that the program is managed in a cost effective and efficient manner.
- ensuring the activities achieve value for money.
- employing and managing suitably qualified, experienced, and culturally appropriate staff.
- delivering culturally appropriate services.
- maintaining contact with NQPHN and advising of any emerging issues that may impact on the success of the activities.
- identifying, documenting, and managing risks, and putting in place appropriate mitigation strategies.
- ensuring outcomes and output reporting in accordance with the agreement, and
- participating in activity evaluation as necessary.

10. Who can apply?

Eligible organisations must be an organisation or individual with established legal status (e.g. under Corporations Law, Health Services Act, Trustee Act) understand the agreement and include:

- Not-for-profit incorporated associations registered with the Australian Charities and Not-for-profits Commission
- Incorporated under the *Corporations Act 2001*
- Working in consortia or partnerships, with one lead agency working as the legal entity.

NQPHN is required to procure services according to the PHN Grant Program Guidelines¹.

11. Contract term

The term of the contract is up to 31 December 2023.

12. Funding

Funding is available up to \$30,000 (excluding GST). The timeframe for the delivery of activities to meet program objectives is open until 31 December 2023, or until all funding allocation has been exhausted.

13. NQPHN approach to evaluating submissions

In considering proposals, NQPHN will assess how well the applications provide:

Alignment with the activity objectives

The proposed activities must meet the objectives outlined in this document and demonstrate how the organisation will effectively reach the target population.

¹ www.health.gov.au/resources/publications/primary-health-networks-phn-grant-program-guidelines

Capacity to deliver

Ability and experience of the organisation to successfully plan and apply resources, in order to effectively deliver the proposed program to achieve the objectives of the healthy ageing hub initiative.

Project management

Ability to implement the proposed activity within budget and timeframes, as well as comply with all accountability and audit requirements.

Financial management

Ability of the organisation to manage and acquit funding in accordance with Government legislation and financial management policies.

Risk management

Appropriate assessment and mitigation strategies for risk associated with the proposed model of delivery, including risks relating to governance, performance management, issues management, viability, and financial management.

Value for money

Successful projects must provide value with public money, demonstrate efficient use of funds, and utilise resources to achieve the aims and objectives of the healthy ageing hub initiative.

Community engagement and support

How the applicant will engage and work with local health professionals and the local community to support the healthy ageing hub initiative.

Cultural competency

Ability to deliver culturally appropriate or culturally safe services to the residents of the NQPHN region.

14. Selected scoring criteria

Responses to the questions set out below will be evaluated by a panel made up of NQPHN staff. Panel members will then meet to discuss scores for each of the responses. NQPHN may negotiate changes to an applications proposal to meet the desired outcomes.

Number	Topic	Question
1	Experience and expertise	a) Describe the experience of your organisation in providing programs of this nature (max. 300 words) b) Explain how you will ensure establishment and roll out of services within timeframes (max. 300 words).
2	Service model	a) Briefly describe the model of service that your organisation will implement for this project (max. 300 words) b) What is your proposed timeline?

Number	Topic	Question
		c) Explain the strategies for engagement for your model of service (max. 300 words) d) Detail outcome measures and evaluation processes (max. 300 words).
3	Service value	a) What is the estimated total number of persons who will benefit from your proposed model of service? (max. 100 words) b) Detail the demographic breakdown of the target market and how you plan to reach this population group (max. 100 words) c) Submit a financial budget using the template provided.

All questions, including each component part of each question, must be addressed in your submission. Failure to address any component of the above criteria will terminate further assessment of a submission.

Responses to the questions set out in the submission form will be scored individually by each member of the evaluation panel to make assessments against the criteria listed above.

The three (3) mandatory eligibility criteria questions (see Section 3) will determine if their application is read and scored in its entirety.

15. Conditions of this request for proposal

Topic	Criteria for awarding score
ABN/taxation requirements	NQPHN will only deal with respondents who have an Australian Business Number (ABN).
Acceptance	Non-compliance with mandatory requirements may result in NQPHN not assessing the application in its entirety.
Conflicts of interest	Respondents must declare to NQPHN any matter or issue which is or may be perceived to be or may lead to a conflict of interest regarding their submission or participation in the supply of the services described.
Costs	Each respondent will meet its own costs associated with the preparation and presentation of its proposal and any negotiations.
General	Respondents should familiarise themselves with the Program documents and ensure that their proposals comply with the requirements set out in these documents. Respondents are deemed to have examined statutory requirements and satisfied themselves that they are not participating in any anti-competitive, collusive, deceptive, or misleading practices in structuring and submitting the proposal.
Legal entity	NQPHN will only enter a contract with an organisation or individual with established legal status (e.g. under Corporations Law, Health Services Act, Trustee Act), or a natural person at least 18 years of age with mental capacity to understand the agreement.



16. Developing and submitting your application

Please make your submission using the NQPHN application form, and email a completed budget template to NQPHN, as requested.

This form cannot be saved to come back to at a later date, so it is recommended to prepare your answers (Section 14) before filling out the application form.

Section 13 of this Program document (NQPHN approach to evaluating submissions) provides guidance regarding how the evaluation panel will score applications and determine preferred providers.

17. Successful applications

NQPHN will advise providers of a successful application via email.

Payment of funding

Upon NQPHN approval, the service provider will provide NQPHN with a tax invoice for 90 per cent of the agreed funding amount.

Upon completion of the services, the service provider will provide NQPHN with:

- a declaration from a Director or CEO (or equivalent position) stating that funds were spent in accordance with the Services and Performance Indicators outlined in these guidelines
- a completed reporting template
- a tax invoice for the remaining 10 per cent of the agreed amount.

18. Unsuccessful applications

All providers will be advised of an unsuccessful application via email within five (5) business days upon receipt of their application.

19. Further information

All questions related to this Program are to be directed through to preparednessandresponse@nqphn.com.au

