



# Industry Briefing

## Nurse-Led Teams Provider - Healthy Hearts Healthy Minds Program

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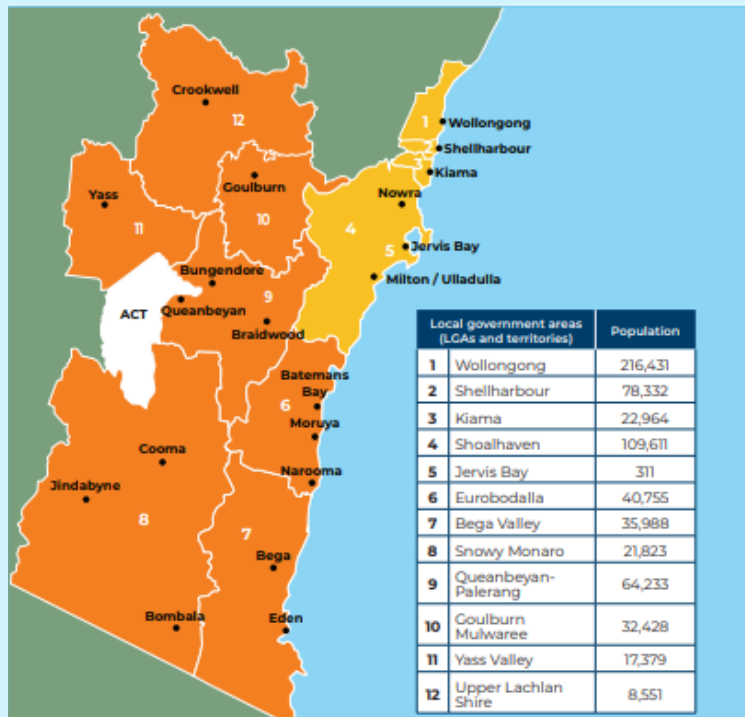
COORDINARE - South Eastern NSW PHN  
acknowledges the Traditional Owners and Custodians  
of the lands across which we live and work.

We pay our respects to Elders past, present and emerging,  
and acknowledge Aboriginal and Torres Strait Islander  
peoples' continuing connection - both physical  
and spiritual - to land, sea and sky.



**phn**  
SOUTH EASTERN NSW  
An Australian Government Initiative

# COORDINARE – South Eastern NSW Primary Health Network (SENSW PHN)



## Population

**648,806**  
total population



**21.6%**  
aged over 65 years



**> 33,180 (5.2%)**  
people identify as Aboriginal and Torres Strait Islander



Region is home to **3.4%** of Australia's Aboriginal population, and **9.8%** of the total Aboriginal population in NSW



**62,349 (9.7%)**  
culturally and linguistically diverse people

**Top 3 non-English speaking countries of birth**

1. India
2. North Macedonia
3. Italy



**10.4%**  
non-English speaking at home

**Top 3 non-English languages spoken at home**

1. Macedonian
2. Italian
3. Arabic



**12.3%** projected population growth between 2020-2030

# Who are we and who do we work with?



- We are one of the 31 Primary Health Network (PHNs) established throughout Australia
- We work directly with GPs, other primary care providers, secondary care providers, and hospitals to bring improved outcomes for patients
- We aim to address local health needs, as well as national health priorities, particularly in chronic diseases, preventable hospitalisations, mental health, drug and alcohol, Aboriginal health, after-hours services and healthy ageing
- Commissioning is central to COORDINARE's ability to achieve these objectives and address local and national priorities

# Issue Background



- The Healthy Hearts, Healthy Minds (HHHM) Program has been developed as part of COORDINARE's implementation to commission Multi Disciplinary Teams (MDTs)
- The HHHM program is a nurse-led model of multi-disciplinary team (MDT) care in General Practices
- The HHHM Program funding runs until 30 June 2027

# Why Nurse-Led Multi Disciplinary Teams?



- RNs are skilled in leading Multi Disciplinary Team (MDT) care arrangements.
- RN-led programs are based in the principles of patient centred care, aiming to enhance patient understanding of their health and supporting them to develop the skills to manage and make active and informed decisions about their health.
- Needs Assessment data has highlighted regional inequity in the practice nurse workforce distribution in SE NSW. Hiring a RN may not be feasible for a small general practice due to budget and governance constraints.
- For GPs this can optimise their workflow, maximise their scope of practice, and deliver high-quality, patient-centred care.
- For Allied Health Practitioners who are external to the GP care team the RN led MDT approach means a single point of contact and more integrated approach to patient care.
- For patients this means that the care that they receive can be more timely, thorough, holistic and integrated.

# Why CVD?



- Cardiovascular Disease (CVD) is a priority health condition in South East NSW (SENSW).
- General Practitioners (GPs) play a major role in mitigating CVD morbidity and mortality. However, many research studies have shown sub-optimal identification and management of CVD risk in primary care, with almost half of high risk people not undergoing appropriate screening or taking guideline-recommended medications
- RNs, as part of an MDT approach, can positively impact the assessment and management of CVD in a general practice setting
- Approaches that do not involve a dedicated RN with protected time for CVD assessment and risk management in a general practice setting are less successful.



# Purpose of the Grant

Nurse-Led Teams Provider - Healthy Hearts Healthy Minds Program



- The Program will provide RN positions into primary care environments to enable the benefits of nurse-led MDT care to be experienced by patients who are eligible for CVD risk assessment under the 2023 Guideline for assessing and managing CVD risk
- The Nurses will lead the MDT Team including GP's, practice staff and external allied health professionals in a targeted primary prevention approach to CVD assessment and risk management

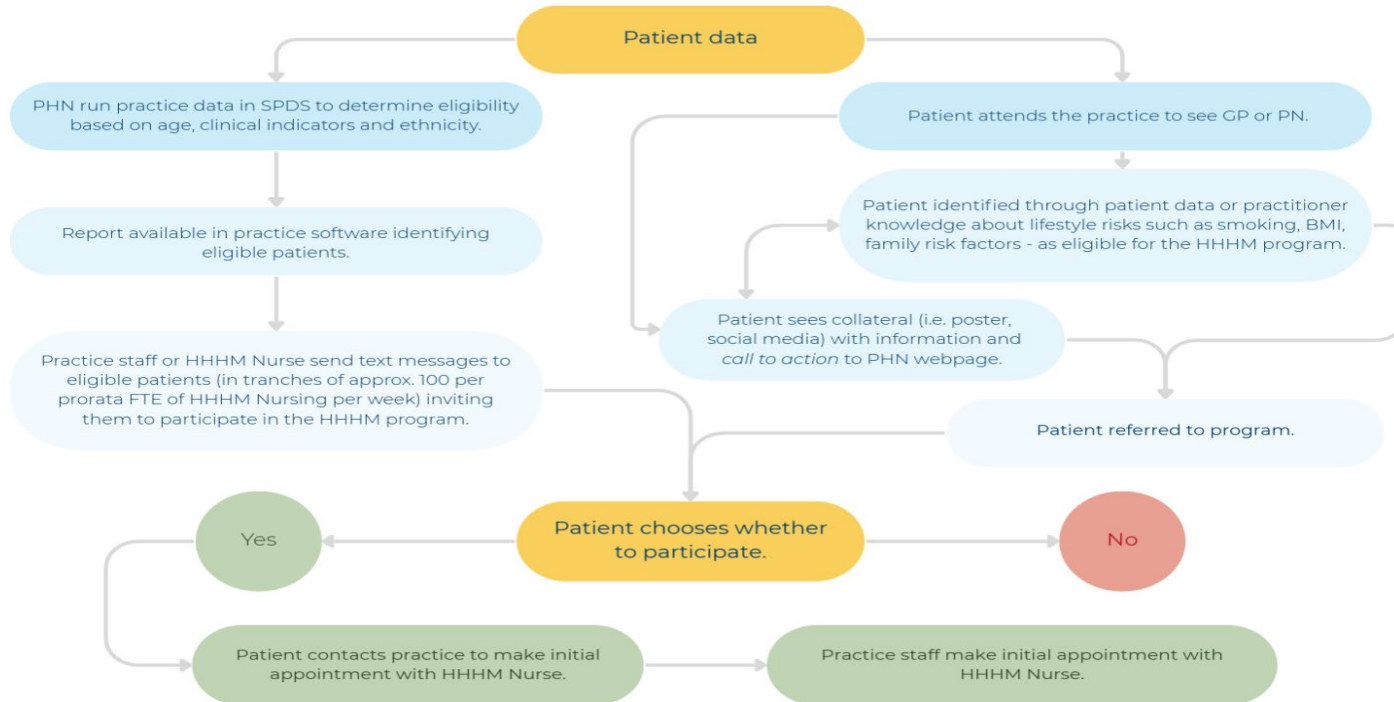




# The Referral Pathway



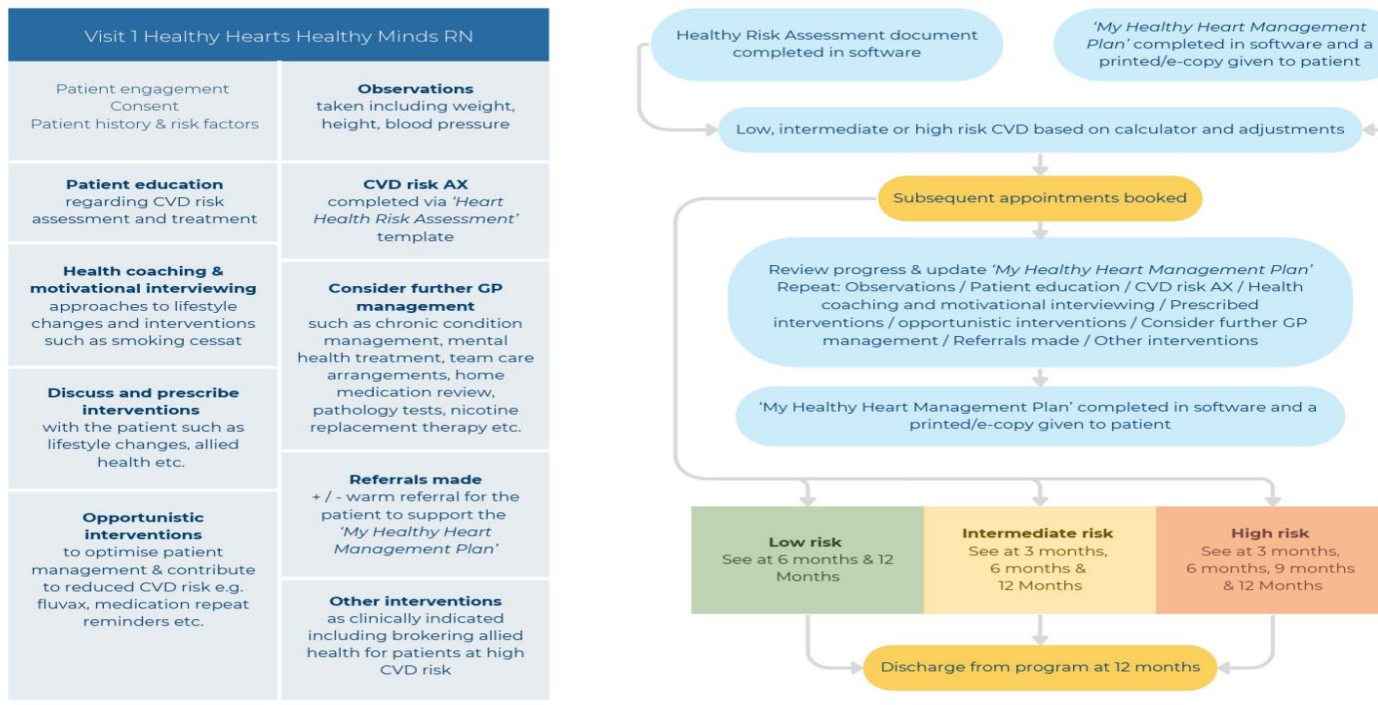
## Healthy Hearts Healthy Minds: Referral Pathway



# The Care Pathway



## Healthy Hearts Healthy Minds: Care Pathway



# The Role of the Nurse-Led Provider



- Recruit RNs to the program
  - Accredited in APNA's [CVD Risk Learning Module](#) and/or
  - hold an AQF recognised post graduate qualification in cardiac nursing
- Have oversight of the clinical and organisational governance of RNs engaged in delivering the program including clinical decision making, team work, attendance, administration and supervision.
- Provide appropriate training and support to the RNs in
  - approaches including health coaching and motivational interviewing and
  - interventions including smoking cessation, nutrition and exercise etc
- Provide EMR and access to support and provision for recording and uploading minimum data set such as activity, PROMS and PREMS and any other required clinical or demographic information.
- Adhere to the contract, schedule and provisions including all deliverables.

# The Role of the RN



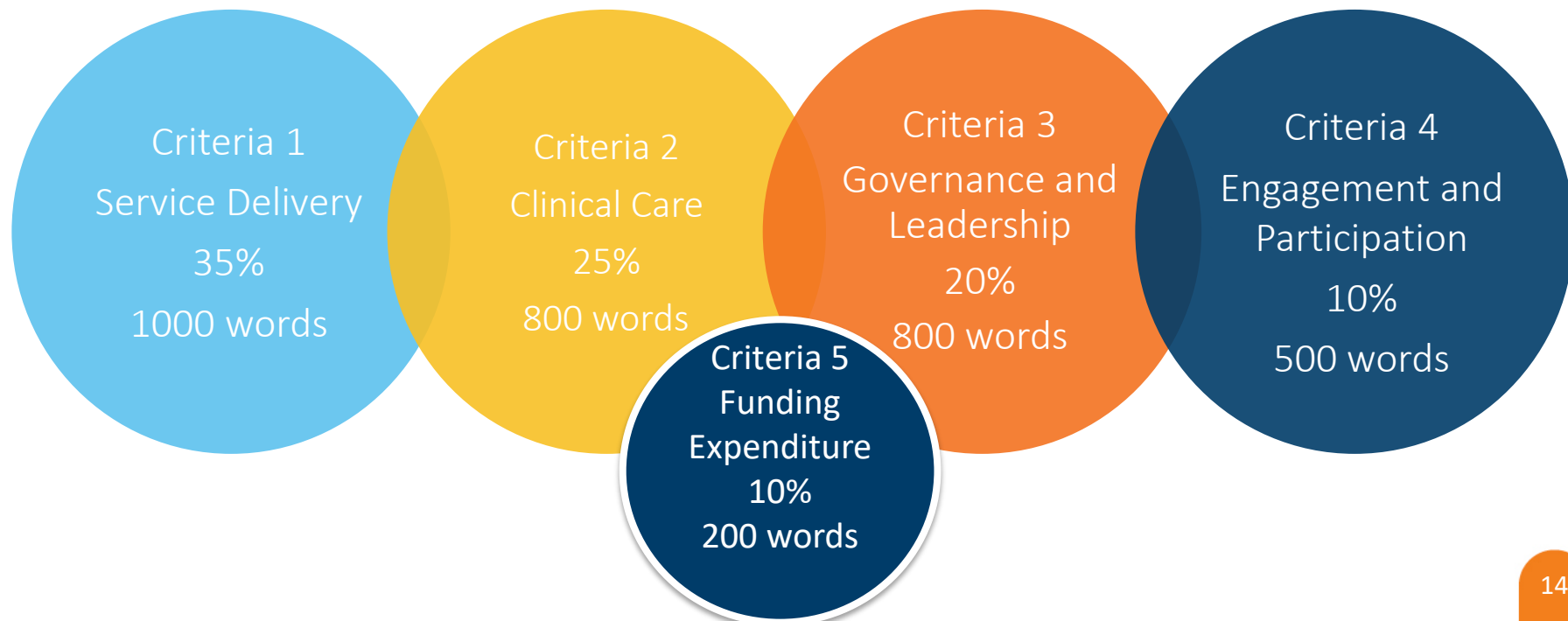
- Lead The Program MDT and be the central point of contact for the care team working with the patient
- Implement and manage the care pathway including all the specified inputs
- Identify and report program barriers and potential improvements
- Identify quality improvement activities in line with Practice Incentive Program Quality Improvement (PIP QI) incentive requirements for CVD
- Participate in Community of Practice activities
- Work with practice staff to ensure invitations and reminders are sent to patients
- Collect and record data in the Practice EMR and their employers EMR for the purpose of clinical care and data collection

# Program Phases



Phase 1 Commencing Dec 2024	Phase 2 Commencing April 2025	Phase 3 Commencing Dec 2025
<b>Recruitment of First Round of GP Practices</b>  Nine (9) have been identified in the following postcodes 2500, 2518, 2519, 2540, 2580, and 2622  Contract negotiations have commenced.	<b>Recruitment of Nurse-Led MDT Provider</b>  The Nurse Provider will oversee program implementation and to engage the nursing and allied health workforce will be commissioned via an open market approach. The Nurse Led Team provider <ol style="list-style-type: none"><li>1. Develop the implementation plan in partnership with the PHN and participating GP practices</li><li>2. Establish the baseline components of the program inclusive of<ul style="list-style-type: none"><li>• establishment of the care pathway including program promotion</li><li>• data collection and reporting</li><li>• recruitment</li><li>• assessment and interventions</li><li>• referrals and communication</li></ul></li></ol>	<b>Program Enhancements</b>  Depending on program demand, uptake and learnings enhancements designed between the PHN, GP practices and Nurse-Led MDT Provider may include : <ul style="list-style-type: none"><li>• Recruitment of Second Round of Practices</li><li>• Self-management tools and resources</li><li>• Outreach and mobile services</li><li>• Other arrangements TBC</li></ul>

# RFP Criteria



Program funding is available for two years 2025-26  
2026-27



Item	FY25/26	FY26/27
Establishment Funds	\$110,000	-
Allied Health Brokerage funds	\$70,000	\$70,000
Operational Funds	\$578,500	\$596,088

Establishment will occur in the  
first year of operations

Allied Health Brokerage is  
available in both years



# Key RFP Dates



RFP opportunity released	29 April 2025
Industry Briefing	1.00pm, 6 May 2025
Deadline for questions from potential respondents via TenderLink	22 May 2025
Deadline for completion of Q&A by COORDINARE	26 May 2025
Closing date and time for applications (late applications will not be accepted)	5.00pm, 29 May 2025
Assessment Commences	30 May 2025
Assessment Panel Convenes	2 June 2025
Contract Negotiations Commence	9 June 2025
Contract executed and successful applicant announced	20 June 2025

# Questions?

