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**Applicant Feedback**

**Innovative Models of Care (IMOC) Round 4 GO6283**

**Acknowledgement**

The Department of Health and Aged Care (the Department) appreciates the time and effort of applicants in developing and submitting applications for GO6283, Innovative Models of Care (IMOC) Round 4 Grant Opportunity.

This feedback is provided in response to applications received by the Department for GO6283 IMOC Round 4 which was open for applications from 26 June 2023 to 7 August 2023.

**Overview**

A high volume of applications were received and organisations are encouraged to closely examine the below list in conjunction with the GO6283 Grant Opportunity Guidelines (GOGs). This document aims to assist applicants to develop strong applications for the IMOC Round 5 Grant Opportunity opening in late 2023.

The IMOC program supports the trial of community supported, locally designed rural multidisciplinary models of primary care. Grant Opportunities under the IMOC program contribute to the 2022 October Budget Measure - Investment to Boost Rural Health Workforce.

The program aims to improve health services access in rural and remote communities, recognising that standard models of care may not work as well where distance and the health facilities and workforce profiles differ to that in metropolitan or regional towns. Trials also seek to support and encourage health professionals to work in multidisciplinary teams in rural and remote Australia to improve the health outcomes of people living in these locations.

**Assessment of Applications**

Applications were assessed against the eligibility criteria listed in Section 4 of the GOGs. If found to be eligible, applications were then assessed against the selection criteria outlined in Section 6 of the GOGs. Applications were considered on their merits and against other applications, based on:

* how well it meets the criteria;
* the extent to which the evidence in the application, including attachments, demonstrates that it will contribute to meeting the outcomes/objectives of the program; and
* whether it provides value with relevant money.

Applications were rated using the Descriptive Classification Rating Scale.

**General Feedback**

* **Successful applications posed implementation of innovative and multidisciplinary models of care** – characteristics of an innovative model of care are listed at section 2.1 of the GOGs.
* **Successful applications had completed their co-design process and were ready to trial** – as per section 2.1 of the GOGs “Trials must be implemented and commence providing services within six months of execution of the grant agreement”.
* **Successful applications did not include ineligible activities or expenditure** – eligible and ineligible activities and expenditure are outlined in section 5 of the GOGs. Models that were reliant on ineligible elements, such as clinical salaries, were not supported for funding.
* **Successful applications provided all required attachments** – as per section 7 of the GOGs, all applications must include all necessary attachments. A comprehensive list of required attachments is available at section 7.1 of the GOGs.

**Assessment Feedback**

Common elements of high-quality applications are detailed in the feedback below, including examples of how successful applications met selection criteria.

Criterion 1: Alignment with grant objectives and outcomes?

Describe how the grant activity will contribute to the outcomes and objectives of the grant opportunity. Your response should be limited to 1000 words. A strong response should reflect the common elements and examples as tabled below:

| **Sub-criteria** | **Common elements and examples of a strong application** |
| --- | --- |
| A clear description of the model for trial including the type of model, health disciplines within the multidisciplinary team, location and specific local primary care issues being addressed | * Clearly articulated the trial methodology for the multidisciplinary health workforce/service model in the area. * A well-defined model including detailed description, multidisciplinary elements, clearly defined primary health care need and how the model addresses the need. * Provided a strong and succinct project description using qualitative and quantitative data that identified the health issues of the communities and/or sub-regions in the proposal and compared it to relevant state or national data. |
| A brief description of consultation activities undertaken to locally  co-design the model to date | * Co-design process clearly outlined, was community driven and was appropriately supported (e.g. is culturally appropriate). * Described the services and activities the applicant was currently providing or undertaking in the communities involved. * Demonstrated the applicant (and partner organisations, as appropriate) has trust of the community and service experience required to deliver the activity. * Where a consortium was proposed, services and activities for each member organisation were described clearly. * High quality applications may have also described clearly how each consortia member/partner had contributed to servicing multiple communities in rural and remote locations and could build on this experience. For example, PHN stakeholder engagement, population health analysis and workforce recruitment strategies; universities in the state or region that had assisted with research and evaluation of other projects or models; and what level of available local GPs, rural generalists, specialists, nurses, allied health practitioners, Aboriginal Health practitioners and workers and support staff for their clinical expertise could be mobilised to service communities within a defined region. Letters of support from local services and community organisations were also helpful in determining roles and responsibilities in delivering the project. |
| Evaluation approach | * Strong plan for evaluation of the innovative, multidisciplinary primary care model for ongoing sustainability and potential for adaptation and implementation in other rural and remote contexts including phases of the approach. |
| Required attachments:   * detailed activity work plan * a project summary * evidence of support | * A strong Activity Work Plan had sufficient level of detail on communication activities, deliverables, expectations, and how planned activities will meet the goals of the described project. Presented activities in a logical sequence with reasonable timeframes. Aligned with the project and activities described in other criteria. * A strong Project Summary detailed the proposed model, benefits, outcomes and key challenges. * Strong support includes support from the community, key health stakeholders in the region and any primary care providers in the region, may be provided as letters of support. |

Criterion 2: Organisational capacity and capability to deliver a trial

Demonstrate the capacity of your organisation/consortium to deliver the proposed activities to ensure grant outcomes will be met. Your response should be limited to 500 words. A strong response should reflect common elements and examples as tabled below:

| **Sub-criteria** | **Common elements and examples:** |
| --- | --- |
| Experience delivering trials or similar activities | * Demonstrated experience in delivering trials through outlining examples of current or previous projects that the organisation/consortium has successfully delivered, including detailing outcomes of the project. * Examples of functional and current collaboration across local rural networks, as well as strong links with stakeholders delivering across allied health, nursing, and specialist services. * Outlined individuals who would be working on the project, their roles, relevant expertise and experience. * Listed past successful grants and the outcomes of the past grants. |
| Description of the stakeholder relationships across the region | * Provided examples of current or previous engagement with the communities identified for the project including highly productive and positive stakeholder relationships mapped by location. * Outline how the project will deliver care that is appropriate for the cultural and social needs of the intended recipients. * Specified that key roles would be based in the communities that were the subject of the application. |
| An outline of the organisational capacity of partner organisations  (if applicable), including roles and responsibilities of partner organisations and plans for collaboration | * All documentation is complete in accordance to the requirements. * Provided a history of effective collaboration between the organisations involved in the trial and detailed outline of the organisational capacity of relevant parties, including roles, responsibilities and plans for collaboration. * High quality applications also described existing arrangements working with other health service providers in the region and highlighted formalising and strengthening these arrangements with grant funding using the experience of the consortium. For example, shared recruitment strategies with the Local Health District, Primary Health Networks (PHNs), allied health providers and National Disability Insurance Scheme (NDIS) providers. Methods also highlighted employment strategies to reduce hospital admissions where possible. |
| Your planned governance structure for the trial | * Provided an existing or proposed clear and robust project governance structure and associated plan for trial, which may have included committee leadership and staff and stakeholder membership on the committee, and when and how often they would meet to ensure oversight of project outcomes. These included representation of key consumer, community, or population groups in the project governance structure. * Sought to have project governance arrangements established at the onset of funding which provided confidence that project planning and milestones would be managed appropriately. |
| Attachments:   * governance structure * stakeholder maps * partner organisation linkages | * These documents must be included as attachments or within the criteria response. * Attachments that provided pictorial and additional information supported strong applications . |

Criterion 3: Efficient, effective, economical, and ethical use of grant funds

Describe how you will undertake the activity and how this is an efficient and economical use of grant funds. Your response should be limited to 500 words. A strong response should reflect common elements and examples as tabled below:

| **Sub-criteria** | **Common elements and examples:** |
| --- | --- |
| The deliverables to be achieved, and how they link to grant outcomes. | * Provided well defined deliverables (outputs) with a strong description of what is to be achieved (outcomes). * Timeframes align with the requirements of the opportunity including Key Performance Indicators. * Outcomes align with the aims and objectives listed in section 2 of the GOGs. * Proposed activities supported all of the aims and objectives of the grant opportunity, rather than targeting one (for example strong applications did not only aim to evaluate a model). |
| How you will measure outcomes and progress towards achieving the grant objectives. | * Described how project progress towards outcomes would be measured and tracked. For example, monthly steering committee meetings and tracking deliverables in the activity work plan. * Described how the model will be financially viable beyond the funding period to ensure ongoing sustainability of services in the community. |
| A description of how the project will be implemented and managed (including the budget) within the grant period. | * Described each stage of project implementation in addition to providing detail in the attached activity work plan. * Aligned with the project and activities described in other criteria, specifically how the model complements and builds on the Government’s programs listed at section 2.1 of the GOGs. * Demonstrate excellent value for money, clear and informative plan for implementation and management as well as exactly how outcomes and progress will be measured. * Co-design is complete and the services will begin within six months of funding execution. |
| Attachments   * Indicative Budget * Risk Management Plan | A strong Indicative Budget:   * Provided a well-defined budget including administration costs, staffing requirements, and consultation costs. * Provided a brief rationale for the costs. * Requested amount did not exceed maximum allowable grant funding as outlined in the GOGs. * Considered eligible expenditure items as detailed in the GOGs. * Excluded expenditure not eligible under this grant funding for example clinical salaries, capital expenditure or expenditure to subsidise rental costs.   A strong Risk Management plan:   * Demonstrated a sound knowledge of risk management principles and risk level was appropriately measured. * Clearly articulated specific risks to the specific proposed project (for example community engagement). * Provided practical measures and controls to mitigate risks associated with the proposed project. |