

Notification of proposed collective bargaining with or without a boycott or exclusive dealing or resale price maintenance

Information

Notifying party

1. *Provide details of the notifying party, including:*

1.1. *name, address (registered office), telephone number, and ACN*

This notification is lodged by Tasmania Primary Health Network Organisation (Primary Health Tasmania Limited) on behalf of the Primary Health Network Organisations (**PHN Organisations**) that operate under the Australian Government's Primary Health Network Grant Program (**the Program**) and that are participating in the conduct outlined in this notification. A list of the PHN Organisations is at Attachment A. Whether each of these PHN Organisations do become members of the contracting arrangements proposed in this notification will be subject to a decision by their individual PHN Boards (see paragraph 15 below for further detail).

See Attachment A.

1.2. *contact person's name, telephone number, and email address*

Solicitor for the notifying parties:

James Dunn
Director
Proximity
Level 3, 55 Blackall Street
Barton, ACT 2600
james.dunn@proximity.com.au

1.3. *a description of business activities*

The Commonwealth Government's Department of Health (**DoH**) established the Program in July 2015 with the key objectives of increasing the efficiency and effectiveness of primary community health services (particularly those at risk of poor health outcomes) and improving the coordination of care to ensure patients in the community receive the right care in the right place at the right time.

On establishment of the Program, thirty-one (31) geographic areas - called Primary Health Networks (**PHNs**) - were identified as requiring the appointment of organisations to run the Program. DoH entered into agreements with twenty-nine (29) not-for-profit organisations (PHN Organisations) that would run the Program. Three PHNs in Western Australia are operated by a single PHN Organisation. All twenty-nine (29) PHN Organisations are not-for-profit companies limited by guarantee, operating with limited resources and staff.

The PHN Organisations essentially act as frontline service delivery providers, coordinating the DoH's primary health objectives. PHN Organisations achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and indigenous community health providers to facilitate improved outcomes for patients.

The Commonwealth Government has agreed to seven key priorities for targeted work by PHNs. These are:

- mental health;
- Aboriginal and Torres Strait Islander health;
- population health;
- health workforce;
- digital health;
- aged care; and
- alcohol and other drugs.

As part of the Program, PHN Organisations are required to collect and analyse a range of population and health data, specifically including GP data, and a range of reference data sets such as ABS census data, Australian Institute of Health and Welfare (**AIHW**) mortality data and AIHW cancer incidence data for their respective PHN.

1.4. email address for service of documents in Australia:

james.dunn@proximity.com.au

Details of the notified conduct

2. *Indicate whether the notified conduct is for:*

2.1. *exclusive dealing (s. 47 of the Competition and Consumer Act 2010 (Cth) (the Act));*

2.2. *resale price maintenance (s. 48)*

2.3. *collective bargaining (s. 93AB). If the notified conduct is for collective bargaining, does the notified conduct include a collective boycott.*

The conduct notified is for collective bargaining (under section 93AB of the Act). The conduct does not include a collective boycott.

3. *Provide details of the notified conduct including:*

3.1. *a description of the notified conduct*

3.2. *any relevant documents detailing the terms of the notified conduct*

3.3. *the rationale for the notified conduct*

3.4. *any time period relevant to the notified conduct.*

Policy Context

Primary Health Network Program – Department of Health

Medical practices currently supply data to PHN Organisations. PHN Organisations analyse this data to furnish an understanding of trends in primary healthcare delivery, and to better identify the needs of local populations.

At present, around half of all accredited general practices provide de-identified data on patient episodes to their PHN Organisation. PHN Organisations are driving the scale-up of data collection, and are also seeking to improve the quality of the data collected.

ICT Solution required to deliver enhanced data reporting and business management capability

In order to facilitate the transfer of frontline GP and other practice data to PHN Organisations, DoH has funded the Western Australian Primary Health Alliance (**WAPHA**) to establish the National Data Storage and Analysis Solution (**NDSAS**). The NDSAS is proposed to deliver an upgraded ICT capability for PHN Organisations, providing:

- › enhanced management of cybersecurity risk – noting the large volumes of sensitive personal health information processed by the PHN Organisations; and
- › the capability to accept, store, analyse and report on data received from frontline service providers (including GP Practices and indigenous community health providers).

Common infrastructure and approaches across the PHN Organisations will help ensure consistency in reporting and achieve scale, so enabling improved data security and reduced overall costs compared to each PHN Organisation independently implementing their own data management solution.

The PHN Organisations' commercial advisors are advising on the structuring of the approach to market in a manner that seeks solutions largely based on commercial-of-the-shelf (COTS) offerings. In addition to provision of the software, the vendor will be responsible for overall implementation of the technology, including any modifications required.

Value of the procurement

Commercial advisors were appointed by the PHN Organisations to assist and advise on the procurement process of the NDSAS. The commercial advisors have estimated the procurement of the NDSAS solution to cost \$5-7 million over a two-year period. However, the advisors have also noted this is a generous estimate which includes contingency costs. Because the project is developing in the context of a great deal of cost and scope uncertainty, a more accurate cost estimate will be available through market responses to the planned approach to market.

Size of market – potential NDSAS service providers

The PHN Organisations and their advisors are firmly of the view that the ICT solution required is a relatively simple and straightforward solution based mostly on COTS 'Data Management' tools. It is anticipated that a large number of ICT vendors could provide identical or closely substitutable platforms, software and services.

For example, secure cloud platforms are available from major international suppliers like Microsoft and Amazon Web Services; other components include 'extract-transform-load' tools, data warehouse management tools, and business intelligence and/or 'big data' analytical tools. In today's ICT environment, these tools are commodity items.

Collaborative information management for better patient outcomes

We also note that the DoH has specified that in delivering the Program, PHN Organisations are not only responsible for activity in their PHN - they are also expected to cooperate with their neighbouring PHN Organisations in order to further the aims of the Program through coordinated efforts:

While PHNs are responsible for activity within their geographic area, all PHNs are expected to develop cooperative relationships with other PHNs when the need arises, for example, when identified patient flows cross into another PHN region (Pg 10, Primary Health Network Grant Programme February 2016).

Currently this expectation has proved difficult for PHN Organisations to meet due to a lack of appropriate ICT infrastructure to facilitate communication and effective data sharing to enable

coordinated efforts, by the PHN Organisations in order to achieve DoH's primary health objectives (particularly in the 7 key priority areas listed above).

DoH have again more recently emphasised their expectation of the need for better communication through ICT platforms to enable more effective and coordinated approaches to the delivery of the Program and more consistent reporting from the PHN Organisations, in order to achieve better community health outcomes.

PHN Organisations regard this as the important secondary benefit to be achieved through the implementation of a common ICT and data management platform.

Contracting Framework

Unincorporated Joint Venture and Lead PHN Organisation Procurement of NDSAS

In order to procure a common NDSAS platform, the PHN Organisations have agreed to the establishment of an Unincorporated Joint Venture Arrangement (**UJV**), which will be used as part of a contracting framework that would allow an approach to market with the intent of collaboratively purchasing and commissioning the NDSAS.

The scheme involves a Lead PHN Organisation, WAPHA, to run the approach to market and finalise the procurement for NDSAS. The Lead PHN Organisation will be the interface to the NDSAS service provider, with the single contract and all billing with the service provider to be channelled through the Lead PHN Organisation (**Contracting Arrangement A**). Only the Lead PHN Organisation will enter into contracts with the service provider. Almost all of the implementation and establishment costs incurred from the service provider will be entirely funded by DoH through grant funding to WAPHA.

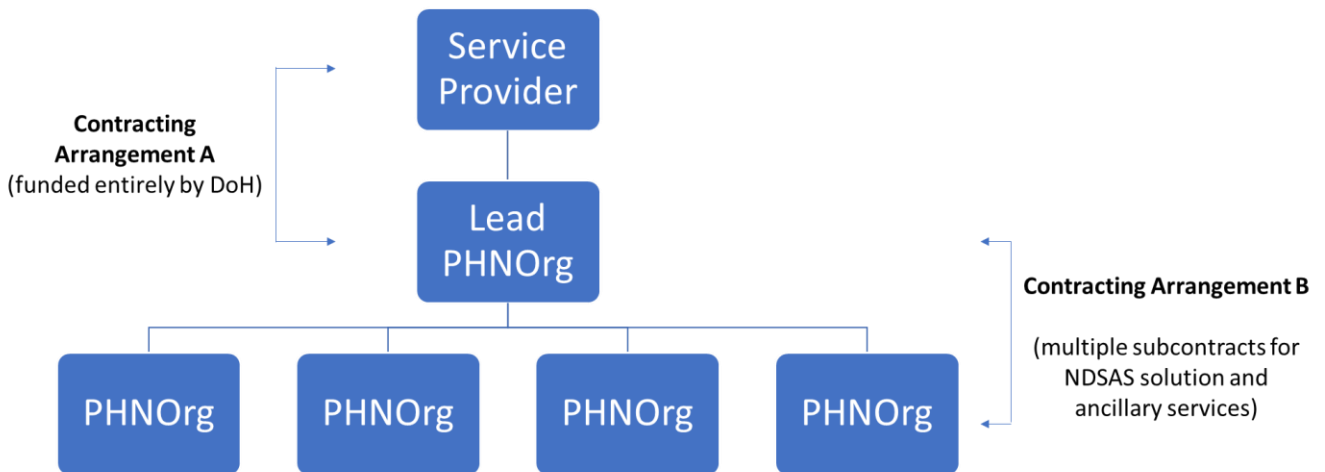
Overall, the PHN Organisations intend to undertake a single Lead PHN Organisation procurement approach to mitigate the risks of a separate 29 customer approach.

The Lead PHN Organisation would then provide the NDSAS services procured to the UJV member PHN Organisations under services agreements between the Lead PHN Organisation and each of the participating PHN Organisations (**Contracting Arrangement B**). The Lead PHN Organisation would charge for the services on a costs recovery basis and would not be profiting from the 'reselling' of the service provider services.

The terms of the services agreements will be negotiated between Primary Health Tasmania Limited on behalf of the participating PHN Organisations (or subset of those PHN Organisations) and the Lead PHN Organisation.

The Lead PHN Organisation will also provide ongoing contract management services and ancillary services to participating PHN Organisations over the term of the services contract. The other PHN Organisations would pay ongoing fees for the UJV administration and those ancillary services.

The diagram below provides a visual outline of the contracting framework.



Key Elements of the Unincorporated Joint Venture

It is anticipated the UJV will be comprised of all 29 PHN Organisations.

As noted in paragraph 15 below, no PHN Organisation will be obliged to join the UJV (and will require the approval of their board if they want to join), and each will be free to procure their own separate system if preferred. However, the current expectation is that all organisations will choose to acquire their IT solution through the UJV, and six of them (the PHN Organisations that make up the NDSAS Steering Committee) have expressed an intention to be founding members of the UJV.

The purpose of the UJV is for the establishment of the NDSAS and managing the provision of ongoing services from the NDSAS service provider in relation to the project. The UJV is also intended to enable more effective communication and collaboration between the PHN Organisations through the development of a more integrated PHN network.

The UJV will be governed by a UJV Board that will be made up of Chief Executive Officers from up to six PHN Organisations, which will be elected at the annual general meeting of the UJV. A key benefit of having a UJV Board structure is to enable key decisions and functions to be performed

in a more nimble and efficient manner rather than needing to refer to all participating PHN Organisations collectively.

The Lead PHN Organisation will hold funds in trust, received from UJV members and DoH, including:

- › funds for implementation and ongoing services from NDSAS Services Provider;
- › funds for services provided to PHN Organisations by Lead PHN Organisation (approximately \$10,000/year initially); and
- › funds for managing UJV Board (secretariat services, etc).

The Lead PHN Organisation will be required to provide the UJV Committee with regular financial and non-financial reports addressing specified matters, and for the UJV Committee to have relevant powers to demand information, access documents and so on. It is intended that the UJV members will meet at least annually at an annual general meeting.

Timing

The PHN Organisations are required by DoH to complete the delivery of the NDSAS in time for the enhanced reporting requirements in November 2019.

To achieve that delivery, the PHN Organisations need to meet the project's milestones below by the following dates:

- › Approach to market: by early July 2019.
- › Enter into contract with vendor: by late October 2019
- › Complete modification and integration work to procured software to enable the required functionality to be ready for use by late November 2019.

Notified conduct

The notified conduct specifically relates to Contracting Arrangement B.

Contracting Arrangement B will involve Primary Health Tasmania Limited (**Representative PHN**) collectively negotiating, on behalf of the participating PHN Organisations, the terms of the IT services agreements with the Lead PHN Organisation. This may also include terms relating to payments made from each participating PHN Organisation to the Lead PHN Organisation, which will essentially involve the Lead PHN Organisation passing on certain costs to each participating PHN Organisation (for example, for secretariat services to manage the contracting arrangement). The PHN Organisation that is the Representative PHN may change at some point after this notification is lodged. The Representative PHN may also appoint another entity or

group to act as its agent to assist with or conduct the negotiations with the Lead PHN Organisation on behalf of the Representative PHN.

As mentioned above, each participating PHN Organisation is free to participate or not. There will be no agreement amongst the participating PHN Organisations that each PHN Organisation must acquire the NDSAS Services (or equivalent/substitutable services) from the Lead PHN Organisation. In other words, it is not proposed that there will be any collective boycott activity.

- 4. Provide documents submitted to the notifying party's board or prepared by or for the notifying party's senior management for purposes of assessing or making a decision in relation to notified conduct and any minutes or record of the decision made.*

Letters of intent have been signed by all PHN Organisations in the same format. An example of a letter is provided at Attachment C.

- 5. Provide the names and/or a description of the persons or classes of persons who may be directly impacted by the notified conduct (including targets in collective bargaining or boycott conduct) and detail how or why they might be impacted.*

See Attachment B.

Market information and concentration

- 6. Describe the products and/or services supplied, and the geographic areas supplied, by the notifying parties. Identify all products and services in which two or more parties to the notified conduct overlap (compete with each other) or have a vertical relationship (eg supplier-customer).*

The relevant services to this notification are the ICT services that comprise the NDSAS solution outlined above. The IT solution which will be acquired by the Lead PHN Organisation and 'resupplied' to each Participating PHN Organisation is a relatively simple solution based almost entirely on commercial off the shelf components. The solution is anticipated to only require basic implementation support from the successful ICT vendor to the Lead PHN Organisation and no customisation services (as is typical of a simple system). Similar systems are used by governments and corporations in Australia and globally. It is anticipated that a large number of global IT vendors could provide identical or closely substitutable platforms, software and services.

For example, secure cloud platforms are available from major international suppliers like Microsoft, IBM and Amazon Web Services; other components include 'extract-transform-load' tools, data warehouse management tools, and business intelligence and/or 'big data' analytical tools. In today's ICT environment, these tools are commodity items and are supplied globally.

7. *Describe the relevant industry or industries. Where relevant, describe the sales process, the supply chains of any products or services involved, and the manufacturing process.*

The relevant industry is that of the commoditised and 'off the shelf' IT services that comprise the NDSAS solution. As noted above, this is a global market comprised of a large number of vendors (including global vendors such as IBM, Microsoft and Amazon Web Services).

8. *In respect of the overlapping products and/or services identified, provide estimated market shares for each of the parties where readily available.*

The market share of the participating PHN Organisations is small compared to the national ICT market of identical or closely substitutable platforms, software and services. The NDSAS is anticipated to cost less than \$7 million over its implementation period (the largest cost component of the system). The NDSAS is a low value, relatively simple ICT solution. The scale of the NDSAS services to be provided under Contracting Arrangement B is remarkably small in the market of similar services nationally.

9. *Describe the competitive constraints on the parties to the proposed conduct, including any likely change to those constraints should notification be granted. You should address:*

- 9.1. *existing or potential competitors*
- 9.2. *the likelihood of entry by new competitors*
- 9.3. *any countervailing power of customers and/or suppliers*
- 9.4. *any other relevant factors.*

The core terms (including pricing) of the services agreements with the Lead PHN Organisation will be collectively negotiated on behalf of the participating PHN Organisations. The Lead PHN Organisation is not bound to reach agreement with the participating PHN Organisations in respect of providing the NDSAS services under Contracting Arrangement B. The PHN Organisations have recognised that the Lead PHN Organisation bears some risk in managing the provision of NDSAS services from the IT vendor on to the participating PHN Organisations, and that if the Lead PHN Organisation is not satisfied that the terms of the services agreements

represent a fair and reasonable allocation of risk and responsibility between the parties that the Lead PHN Organisation can decide not to contract under Contracting Arrangement B.

Public benefit

10. Describe the benefits to the public that are likely to result from the notified conduct. Provide information, data, documents or other evidence relevant to the ACCC's assessment of the public benefits.

Public benefits of undertaking a collective procurement

Procurement of a single harmonised IT system

- › A key driver of the procurement is the inadequacy of the PHN Organisations' current systems which fail to enable the required aggregation of data and the sharing of other reference data across PHN Organisations resulting in a limited ability to collaborate and deliver public health outcomes. The collective bargaining approach would ensure all participating PHN Organisations are using the same system, eliminating the data sharing and collaboration obstacles currently faced.
- › The PHN Organisations require a common integrated system deployed that provides each PHN Organisation with seamless access and the same functionality, data and reports required to support the delivery of the PHN Program. Separate approaches to procuring the NDSAS presents a significant risk of the parties failing to procure a system that meets the common needs of the group.
- › There is no guarantee that the vendor(s) will provide the services to each PHN Organisation on the same terms (including price) or that each PHN Organisation will receive the same services, and to the same standard. The provision of services to regional PHN Organisations is of particular concern, as vendors may be unable or less willing to provide the required services in more remote geographic locations due to logistical challenges. Regional PHN Organisations may also be subject to prohibitive pricing even if vendors do offer to provide the services due to geographic challenges.

Reducing transaction costs

- › The collective bargaining approach provides significant efficiency gains for the PHN Organisations through sharing the costs of professional advice and appointing advisors to

negotiate a single set of contract terms that reflects the entire group's requirements and circumstances.

- › A collective bargaining approach would eliminate the duplication of search, evaluation, approval and negotiation costs for each of the PHN Organisations. Appointing a single PHN Organisation to lead the procurement on behalf of the entire network reduces the transactional cost for both the PHN Organisations and the market through the consolidation of the customer/contractor relationship with a single entity.
- › The PHN Organisations anticipate purchasing a system from a single vendor, but may engage multiple vendors if required to deliver the baseline system. A collective approach would avoid each vendor needing to prepare and issue tender response documentation to each of the 29 PHN Organisations. A multiple customer approach would also impose an excessive transactional burden on potential vendors (given the low value of the contract) and may even prevent all PHN Organisations from successfully procuring the system if the vendor is unable to service their requirement in conjunction with the other PHN Organisation customers (within the tight time constraints that apply to the funding cycle of the Program). A high transactional burden on the vendor also risks a settlement on the use of standard form contracts that do not appropriately allocate risk between the parties due to the challenge of successfully negotiating deviations with 29 separate entities. A collective approach would allow a bespoke agreement to appropriately cover the PHN Organisations requirement and the parties' risks.

Public detriment including any competition effects

11. Describe any detriments to the public that are likely to result from the notified conduct, including those likely to result from any lessening of competition. Provide information, data, documents, or other evidence relevant to the ACCC's assessment of the detriments.

There are no public detriments likely to result from the notified conduct. As noted at sections 6 - 9 above, the market for the NDSAS services (common ICT services) is large and comprised of many other non-PHN Organisation buyers nationally and internationally. There are also a high number of actual and potential buyers of those services (or substitutable services), aside from the participating PHN Organisations. The effect of the PHN Organisations procuring their NDSAS ICT services under Contracting Arrangement B is unlikely to result in any adverse effect on competition in the market for those (or substantially similar) services.

Contact details of relevant market participants

12. *Identify and/or provide contact details (phone number and email address) for likely interested parties, such as actual or potential competitors, customers and suppliers, trade or industry associations and regulators.*

The anticipated target relevant to this notification is the Lead PHN Organisation, West Australian Primary Health Alliance (**WAPHA**). Contact details for WAPHA are provided in Attachment B.

Contact details for the likely vendors of the NDSAS solution (to be procured by WAPHA) are also provided in Attachment B.

Any other information

13. *Provide any other information you consider relevant to the ACCC's assessment of the notified conduct.*

Term of notification

A term of 10 years is sought in relation to this notification. The NDSAS solution is anticipated to provide the PHN Organisations' with the ICT capability required to satisfy DoH reporting requirements for years into the future.

It is expected to take up to 3 years for the ICT platform that comprises the NDSAS solution to deliver the system's complete operational requirements and the NDSAS solution is expected to be the primary data management platform used by the PHN Organisations for at least a 10-year period (as this is the expected minimum life of the services to be provided). Accordingly, the notified conduct (under the services contracts between the Lead PHN Organisation and the participating PHN Organisations) will extend for up to 10 years.

Additional information for collective bargaining (with or without a collective boycott) conduct only

14. *Confirm that the notifying party is not a trade union, an officer of a trade union or acting at the direction of a trade union.*

No. The PHN Organisations are not trade unions, officers of a trade union or acting at the direction of a trade union.

15. *Provide details (name, phone number, email address) of the persons who are current members of the group (contracting parties) on whose behalf the notification is lodged. If relevant, identify the classes of persons who may become contracting parties in the future and on whose behalf the notification is lodged.*

DoH has expressed the requirement that the PHN Organisations are not forced to acquire their IT solution to the new DoH reporting requirements under the contracting arrangements that are the subject of this notification and are free to procure their own separate systems if this is preferred.

On this basis, there are currently six PHN Organisations (the PHNs that make up the NDSAS Steering Committee) that have expressed an intention to be founding members of the contracting framework outlined under section 3 above. However, their actual membership will be subject to a decision by their individual PHN Boards after reviewing the UJV.

Those six PHN Organisations are listed in Table 1 of Attachment A.

The remaining 23 PHN Organisations are likely to also join as contracting parties in the future (although their actual membership will also be subject to a decision by their individual PHN Boards after reviewing the UJV). Those 23 PHN Organisations are listed in Table 2 of Attachment A. This notification is also lodged on their behalf.

See Attachment A.

16. Confirm each contracting party reasonably expects to make one or more contracts with the targets for the supply or acquisition of the relevant goods or services and the value of each contract will not exceed A\$3 million (or any other amount prescribed by regulation) in any 12 month period. Provide details of the basis for that expectation.

Yes. The PHN Organisations reasonably expect that contractual arrangements between each of the PHN Organisations and the Lead PHN Organisation will not exceed \$3 million (or any other prescribed amount) in any 12-month period.

Contracting Arrangement A (the contract between the Lead PHN Organisation and the NDSAS service provider) has been generously estimated, with contingency elements. The value of this contract will be greater than \$3M in 2019-20, but will be less than \$3M in future financial years. This contract is funded entirely through a grant from DoH to WAPHA. These costs are not the relevant costs for the purposes of this notification.

The relevant costs for the purposes of this notification are those under Contracting Arrangement B (between the PHN Organisations and the Lead PHN Organisation, which include the ancillary services) and are expected to be below \$200,000 per year for each PHN Organisation. A more accurate cost estimate will be available through market responses to the planned approach to market.

17. If the contracting parties propose to engage in a collective boycott with respect to the targets, provide details of:

17.1. the event/s that would trigger a collective boycott

17.2. the process that would be followed

17.3. any proposed notice period to be given to the target/s prior to commencing a collective boycott

17.4. any proposed dispute resolution procedure between the contracting parties and the targets.

Not applicable. The PHN Organisations do not propose to engage in collective boycott. DoH has expressed that the PHN Organisations are not forced to acquire their IT solution to the new DoH reporting requirements through the contracting arrangements outlined above and are free to procure their own separate systems if this is preferred. Similarly, there would no arrangement amongst the PHN Organisations to not deal with a particular IT vendor and nor would there be a compulsion to adopt the solution which is being provided by NDSAS.

Declaration by notifying party

Authorised persons of the notifying party must complete the following declaration.

The undersigned declare that, to the best of their knowledge and belief, the information given in response to questions in this form is true, correct and complete, that complete copies of documents required by this form have been supplied, that all estimates are identified as such and are their best estimates of the underlying facts, and that all the opinions expressed are sincere.

The undersigned are aware of the provisions of sections 137.1 and 149.1 of the *Criminal Code* (Cth).

Signed on behalf of the notifying parties by solicitor:



James Dunn

(Signature of authorised person)

Proximity

.....

(Organisation)

Director

.....

(Position)

James Dunn

.....

(Print) Name of authorised person

This 15th day of July 2019

Note: If the Notifying Party is a corporation, state the position occupied in the corporation by the person signing. If signed by a solicitor on behalf of the Notifying Party, this fact must be stated.

Attachment A – Notifying Parties’ Details

Note:

1. PHN details can be found publicly at <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Contacts>. This list includes all details requested below except for the ACN.
2. Table 1 lists the current NDSAS Steering Committee members; these PHNs *intend* to form the founding members of the UJV however whether they do or don’t actually become founding members is dependent on an appropriately informed decision by their individual Boards.

Table 1 – Current PHN Organisations that will seek endorsement of their boards to become founding members of the proposed contracting arrangements

Primary Health Network	PHN Operator	PHN CEO name	PHN Address	PHN contact phone number	PHN contact email address	PHN website	ACN
Western Sydney	Wentwest Limited	[REDACTED]	PO Box 5, Blacktown Post Shop, Blacktown, NSW, 2148	[REDACTED]	wentwest@wentwest.com.au	http://www.wentwest.com.au	099 255 106
Hunter New England and Central Coast	HNECC Ltd	[REDACTED]	PO Box 2288, Dangar NSW 2309	[REDACTED]	info@hneccphn.com.au	http://www.hneccphn.com.au/	604 341 362
Brisbane North	Partners 4 Health Ltd	[REDACTED]	PO Box 845 Lutwyche QLD 4030	[REDACTED]	info@brisbanenorthphn.org.au	http://www.brisbanenorthphn.org.au	150 102 257
Tasmania	Primary Health Tasmania Ltd	[REDACTED]	GPO Box 1827 Hobart TAS 7001	[REDACTED]	info@primaryhealthtas.com.au	http://www.primaryhealthtas.com.au/	082 572 629
Eastern Melbourne	Eastern Melbourne Healthcare Network Ltd	[REDACTED]	PO Box 610, Box Hill VIC 3128	[REDACTED]	info@emphn.org.au	http://www.emphn.org.au	603 658 895
Perth North Country WA Perth South	WA Primary Health Alliance Limited	[REDACTED]	PO Box 591, Belmont WA 6984	[REDACTED]	info@wapha.org.au	http://www.wapha.org.au/	602 416 697

Table 2 – Other PHN Organisations that may enter into the proposed contracting arrangements

Primary Health Network	PHN Operator	PHN CEO name	PHN Address	PHN contact phone number	PHN contact email address	PHN website	ACN
Australian Capital Territory	Capital Health Network Ltd	[REDACTED]	PO Box 9, Deakin West ACT 2600	[REDACTED]	reception@capitahn.com.au	https://www.chnact.org.au/	098 499 471
Nepean Blue Mountains	Wentworth Healthcare Ltd	[REDACTED]	PO Box 903, Penrith NSW 2751	[REDACTED]	admin@nbmphn.com.au	http://www.nbmphn.com.au	155 904 975
Western NSW	Western Health Alliance Ltd	[REDACTED]	PO Box 890, Dubbo NSW 2830	[REDACTED]	admin@wnswphn.org.au	http://www.wnswphn.org.au	605 922 156
South Eastern NSW	Coordinare Limited	[REDACTED]	PO Box 325, Fairy	[REDACTED]	info@coordinare.org.au	http://www.coordinare.org.au	603 799 088

Primary Health Network	PHN Operator	PHN CEO name	PHN Address	PHN contact phone number	PHN contact email address	PHN website	ACN
			Meadow NSW 2519				
Central and Eastern Sydney	EIS Health Limited	██████████ ██████████	Level 1, 158 Liverpool Road, Ashfield, NSW, 2131	██████████ ██████████	info@cesphn.com.au	http://www.cesphn.org.au	603 815 818
South Western Sydney	South Western Sydney Primary Health Network	██████████ ██████████	PO Box 5919, Minto DC NSW 2566	██████████ ██████████	enquiries@swsphn.com.au	http://www.swsphn.com.au	605 441 067
Northern Sydney	SNPHN Ltd	██████████ ██████████	PO Box 97, St Leonards NSW 1590	██████████ ██████████	info@snhn.org.au	http://www.sydney.northhealthnetwork.org.au	605 353 884
Murrumbidgee	Firsthealth Ltd	██████████ ██████████	PO Box 5663, Wagga Wagga NSW 2650	██████████ ██████████	ceo@mphn.org.au	http://www.mphn.org.au/	111 520 168
North Coast	Healthy North Coast Ltd	██████████ ██████████	PO BOX 957, Ballina, NSW, 2478	██████████ ██████████	enquiries@ncphn.org.au	http://www.ncphn.org.au	154 252 132
Northern Territory	Health Network Northern Territory	██████████ ██████████	GPO Box 2562, Darwin NT 0801	██████████ ██████████	ntphn@ntphn.org.au	http://www.ntphn.org.au	158 970 480
Central Queensland, Wide Bay, Sunshine Coast	Sunshine Coast Health Network Ltd	██████████ ██████████	PO Box 3067, Maroochydore QLD 4558	██████████ ██████████	info@ourphn.org.au	http://www.ourphn.org.au/	156 526 706
Gold Coast	Primary Care Gold Coast Limited	██████████ ██████████	PO Box 3576, Robina Town Centre QLD 4230	██████████ ██████████	info@gcphn.com.au	http://www.healthygc.com.au	152 953 092
Western Queensland	Western Queensland Primary Care Collaborative Limited	██████████ ██████████	PO Box 2791, Mount Isa QLD 4825	██████████ ██████████	admin@wqphn.com.au	http://www.wqphn.com.au	604 686 660
Brisbane South	Brisbane South PHN Ltd	██████████ ██████████	PO Box 6435 Upper Mount Gravatt QLD 4122	██████████ ██████████	info@bsphn.org.au	http://www.bsphn.org.au	151 707 765
Darling Downs and West Moreton	Darling Downs and West Moreton Primary Health Network Limited	██████████ ██████████	PO Box 81, Toowoomba QLD 4350	██████████ ██████████	info@ddwmpnhn.com.au	http://www.ddwmpnhn.com.au	605 975 602
Northern Queensland	North Queensland Primary Healthcare Network Ltd	██████████ ██████████	PO Box 7812 Cairns City QLD 4870	██████████ ██████████	hello@primaryhealth.com.au	http://www.primaryhealth.com.au	605 757 640

Primary Health Network	PHN Operator	PHN CEO name	PHN Address	PHN contact phone number	PHN contact email address	PHN website	ACN
Adelaide	Adelaide Primary Health Network Ltd	██████	PO Box 313, Torrensville Plaza SA 5031	██████	enquiry@adelaidephn.com.au	http://www.adelaidephn.com.au	155 472 067
Country SA	SA Rural Health Network Ltd	██████	PO Box 868, Nuriootpa SA 5355	██████	enquiry@countrysaphn.com.au	http://www.countrysaphn.com.au	152 430 914
North Western Melbourne	Melbourne Primary Care Network Ltd	██████	PO Box 139, Parkville VIC 3052	██████	nwmpnh@nwmpnhn.org.au	http://www.nwmpnhn.org.au	153 323 436
Murray	Murray PHN Ltd	██████	37 Rowan Street, Bendigo VIC 3550	██████	info@murrayphn.org.au	http://www.murrayphn.org.au/	156 423 755
Western Victoria	Western Victoria Primary Health Network	██████	131 Myers Street, Geelong VIC 3220	██████	info@westvicphn.com.au	http://westvicphn.com.au/	061 300 918
South Eastern Melbourne	South Eastern Melbourne Primary Health Network Ltd	██████	15 Corporate Drive, Heatherton , VIC, 3202	██████	info@semphn.org.au	http://www.semphn.org.au/	603 858 751
Gippsland	Gippsland Health Network Ltd	██████	PO Box 253, Moe VIC 3825	██████	info@gphn.org.au	http://www.gphn.org.au/	155 514 702

Attachment B – Target and Interested Party Information

Target

As noted under section 5, the target that is the subject of this notification is the West Australian Primary Health Alliance.

Name	Address	Contact Name	Position	Phone	Impact of notified conduct
West Australian Primary Health Alliance (WAPHA)	2-5, 7 Tanunda Drive Rivervale WA 6103	[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	<p>WAPHA will be the Lead PHN Organisation that will undertake the approach to market for the NDSAS and enter into contract(s) with the preferred service provider.</p> <p>WAPHA will then provide the NDSAS and ancillary services to participating PHN Organisations through back to back services agreements with each participating PHN Organisation.</p> <p>The potential impact is that the negotiation of the services agreements by the collective participating PHN Organisations may be seen to raise the competition law concerns under the <i>Competition and Consumer Act 2010</i>.</p>

Interested Parties

Details on the key providers that are capable of providing the NDSAS are provided below.

Please note: Due to the high turn-over in staff within IT vendor organisations, these details are likely to become out-of-date in the short to medium term. Please feel free to contact the PHN Organisations' nominated contact person for updated information if required.

Company	Address	Contact Name	Position	Phone	Business	Relationships with PHN Organisations
IBM Australia	Level 13 IBM Centre 601 Pacific Highway St Leonards NSW 2065	[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	IT Services	IBM do supply some software and services to PHNOrgs, but not to all.
Amazon Web Services	Level 1, The Realm, Barton ACT 2600	[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]		IT Services	May supply some services to PHNOrgs, but not all.

Company	Address	Contact Name	Position	Phone	Business	Relationships with PHN Organisations
Hortonworks	Level 24, Tower 3, International Towers 300 Barangaroo Avenue, Sydney, Australia 2000	[REDACTED]	[REDACTED]	[REDACTED]	IT Services	Unlikely to supply services to PHNOrgs.
Microsoft Australia	4/6 National Circuit, Barton ACT 2600	[REDACTED]	[REDACTED]	[REDACTED]	IT Services	Microsoft supply services and support to PHNOrgs (Office365 and other software)
EY	8 Exhibition St, Melbourne VIC 3000	[REDACTED]	[REDACTED]	[REDACTED]	IT Services	Not known
InfoCapital	Canberra, ACT	[REDACTED]	[REDACTED]	[REDACTED]	IT Services	Not known
Accenture	1/55 Wentworth Ave, Kingston ACT 2604	[REDACTED]	[REDACTED]	[REDACTED]	IT Services	Not known
Telstra Health	222 Lonsdale St, Melbourne VIC 3000	[REDACTED]	[REDACTED]	[REDACTED]	Health sector IT services	Not known
Virtustream	207 Pacific Highway St Leonards, Australia NSW 2065	[REDACTED]	[REDACTED]	[REDACTED]	IT Services	Not known
Citadel Group	Level 1, 11- 13 Faulding Street Symonston ACT 2609	[REDACTED]	[REDACTED]	[REDACTED]	Health Analytics and IT Services	Not known
Information Builders	Suite 101, 50 Clarence Street, Sydney NSW 2000, Australia	[REDACTED]	[REDACTED]	[REDACTED]	Data Analytics products and services	Not known

Attachment C – Example Letter of Intent from Notifying Parties



In Principle Agreement to Participate in an Unincorporated PHN Joint Venture

This statement seeks the agreement of the **PRIMARY HEALTH TASMANIA** "in principle and intent" to be an ongoing participant in the PHN designed and owned National Data Storage and Analysis System (NDSAS). It also seeks agreement to the proposed governance, implementation and funding structures necessary to support its establishment and future operation.

Having been engaged in various consultation and information sessions over the past eight months with other members of the national PHN Cooperative group, **PRIMARY HEALTH TASMANIA understands:**

- Government intends to fund the initial build and commissioning costs of the NDSAS. In return, the principal owners and users of the NDSAS will commit to collectively fund the ongoing system maintenance, operation and development costs. This will be by way of annually staged workplans and budgets agreed by PHNs nationally.
 - Oversight and implementation of the NDSAS will be affected through the establishment of an Unincorporated Joint Venture (UJV) which will act to bind signatory PHN members for the common purpose of system ownership, oversight, utilisation and development.
 - A *Lead PHN* will be appointed to:
 - receive and administer establishment funds from Government;
 - for ongoing management of the contract with the external technology provider;
 - deliver an agreed suite of support services for participating PHNs.
 - The *Lead PHN* will hold service level agreements with each participant PHN committing in return for an annualised fee to support, maintain and develop the system and facilitate its use.
1. **PRIMARY HEALTH TASMANIA strongly supports** the principles, intent and scope of capability that has been proposed for the PHN designed and owned Data Storage and Analysis Systems (DSAS).
 2. **PRIMARY HEALTH TASMANIA signifies** its in-principle intention to be a participating signatory to the UJV. By doing so it acknowledges the principle of shared responsibility for ongoing DSAS operational and development costs.
 3. **PRIMARY HEALTH TASMANIA acknowledges** its understanding of and commitment to supporting the role of the *Lead PHN* in its actions supporting national participating PHNs.
 4. **PRIMARY HEALTH TASMANIA recognises** it will remain the principal data custodian and interface between general practice and data collection for the PIP QI and any broader PHN purpose.

Signed:

A handwritten signature in black ink, appearing to read "Phil Edmondson".

Phil Edmondson
Chief Executive Officer

Date: 20 September 2018

NORTH
Level 5 11 High Street
Launceston TAS 7250
PO Box 2086 Launceston TAS 7250
T 03 6341 8700 F 03 6341 8760

NORTH WEST
Level 1 11 Alexandra Road
Ulverstone TAS 7315
PO Box 358 Ulverstone TAS 7315
T 03 6425 8500 F 03 6425 8588

SOUTH/CENTRAL
Level 2 85 Collins Street
Hobart TAS 7000
GPO Box 1827 Hobart TAS 7001
T 03 6213 8200 F 6213 8260

Primary Health Tasmania Limited ABN 47 082 572 629

phn
TASMANIA
An Australian Government Initiative