

Expression of interest

Section A INVITATION

FOR Primary Care Impact Grants - Capability Building in Skin Cancer Early Intervention

Healthy North Coast acknowledges the traditional custodians of the lands across our region and pays respect to the Elders past, present and emerging. We recognise these lands were never ceded and acknowledge the continuation of culture and connection to land, sky and sea. We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples and honour the rich diversity of the world's oldest living culture.

1. Introduction

1.1 Expression of Interest

Healthy North Coast Ltd (HNC), trading as North Coast Primary Health Network (NCPHN), is seeking Expressions of Interest (EOI) from suitably qualified and experienced primary care providers to deliver the Primary Care Impact Grants - Capability Building in Skin Cancer Early Intervention.

The Expression of Interest (EOI) documents are comprised of:

- i. Section A: Invitation (This document);
- ii. Section B: Participant Return Schedules; and
- iii. Healthy North Coast Standard Terms and Conditions

1.2 Indicative Timing

Healthy North Coast anticipates the following timeframe for the completion of the tender process:

EOI Released to Market	02 February 20226
Industry Briefing Session	18 February 2026, 1pm
EOI Closing	13 March 2026, 5pm
Award Notices	From May 2026

1.3 Healthy North Coast

Healthy North Coast is proud to deliver the North Coast PHN Program in partnership with the Mid North Coast and Northern NSW Local Health Districts (LHDs) and the six Aboriginal Community Controlled Health Organisations (ACCHOs) in the region. We work alongside community members, health professionals and social services to build a person-centred health system that delivers high-quality, integrated and accessible care. We aim to work together to transform the healthcare system to reduce health inequities.

With guidance from the ACCHOs, HNC is prioritising improved health outcomes for Aboriginal and Torres Strait Islander peoples. HNC is committed to commissioning services that are holistic, comprehensive, culturally safe, prevention-focused and equitable.

Our work is grounded in understanding the health needs of the North Coast, to identify possible gaps in services and inform better decision making. HNC completed the Health Needs Assessment in 2024 in collaboration with our community, clinicians and service providers and is available here for all to use (<https://hnc.org.au/health-needs-assessment-25-28/>).

HNC is a commissioner of services that best meet community needs. We have well-established and effective clinical and community councils across the region which guide our actions to improve the quality of health care.

HNC priorities are:

- i. Aboriginal health and wellbeing
- ii. Alcohol and other drugs
- iii. Children's and younger persons health
- iv. Communities of interest
- v. Health care services
- vi. Mental health
- vii. Preventative health and chronic disease
- viii. Older person's health
- ix. Socio-demographics and health

The HNC region covers 32,767 square kilometres from the Queensland border in the north, to Port Macquarie in the south. The population in the region is 541,520+ with high rates of older people and disadvantage. Across the Healthy North Coast regions approximately 5.8% of the population identify as Aboriginal and/or Torres Strait Islander Peoples (Australian Census 2021).

1.4 Background and context

The North Coast of NSW has significantly higher melanoma rates than the state average. Northern NSW Local Health District leads the state, with Ballina, Lismore, and Byron Bay among the top melanoma hotspots nationally (Cancer Institute NSW, 2024). This elevated burden results from a complex mix of high UV exposure, outdoor lifestyle, suboptimal sun protection behaviours, and disparities in healthcare access.

Despite high melanoma incidence, there is no formal population-wide screening program; opportunistic screening is recommended. Patients face barriers including cost, distance, low awareness, and complex referral pathways. Workforce shortages of trained skin cancer professionals in regional areas cause long wait times and out-of-pocket costs, worsening inequities and inconsistent screening rates.

The NSW Health Skin Cancer Prevention Strategy 2023–2030 focuses on embedding prevention across sectors, improving access to shade, and increasing sun protection behaviours. This project aligns with these goals by strengthening primary care capacity through upskilling, implementing digital diagnostic tools, expanding timely and affordable skin checks, and empowering communities with education.

Skin cancer prevention involves primary (risk reduction), secondary (early detection), and tertiary (medical, surgical and follow up management) stages. This program **focuses on secondary prevention**, targeting early detection and timely management through primary care. It leverages the HNCs coordinating role to identify and support high-risk individuals, rather than delivering broad population-level prevention campaigns.

This approach reflects the **unique ability of GPs to combine prevention advice with systematic early detection**, improving outcomes for patients in high-incidence regions. Key strategies include regular skin examinations by trained clinicians, targeting high-risk individuals for routine surveillance, and educating patients on self-examination to detect suspicious lesions early. Diagnostic tools such as dermoscopy and digital imaging enhance early detection accuracy. While population-wide skin cancer screening programs do not exist in Australia, opportunistic and targeted screening of high-risk populations in primary care settings are clinically beneficial.

Early detection through these methods enables prompt intervention, reducing unnecessary excisions and referrals, and ultimately decreasing the burden of advanced skin cancer.

2. Service Requirements and Specification

2.1 Objectives

To award grant funding to Primary Care providers to facilitate capacity building in skin cancer early interventions.

2.2 Outcomes and Impacts

The intended outcomes and impacts of this program include but are not limited to:

- Increased rate of appropriate risk-tailored skin cancer screening and skin checks for high-risk groups: Australian guidelines recommend opportunistic and risk-based screening for high-risk individuals, rather than universal population screening, to maximise benefit and minimise harms
- Increased rate of skin cancer detection at an early, more treatable stage: Early detection, especially among high-risk populations, is associated with better prognosis and lower mortality, and is a recognised outcome in screening interventions.
- Improved health outcomes through earlier diagnosis and management of skin cancer demonstrated by reduced treatment burden, lower morbidity and improved patient experience and/or survival:
- Enhanced primary workforce capability and confidence in skin cancer assessments and management
- Improved equity of access, especially in priority and high-risk populations: Targeting gaps in equity—location, socioeconomic status, cultural/linguistic backgrounds—is emphasised as a priority for both screening and early detection programs.

2.3 Scope of Services and Responsibilities

The Capability Building in Skin Cancer Early Intervention will award one-off grants to primary care providers to increase their capacity to deliver skin cancer early intervention in the North Coast region.

For the purposes of this grant, early intervention is detecting and/or treating skin cancer at an early stage before it becomes advanced or metastatic. Proposed activities must align with current clinical practice guidelines.

From a total funding of \$150,000 (excl. GST), organisations will be able to apply for a grant of \$10,000-\$15,000 (excl. GST).

Providers previously awarded a Primary Care Impact grant (either a Chronic Disease Prevention or Multidisciplinary Team Care grant) are eligible to apply for this program.

Examples of suitable initiatives:

- Clinical staff capacity building through relevant education or training
- Purchase of diagnostic equipment such as dermatoscopes and/or supporting software
- Subscription to dermatology services or resources
- Implementation of innovative models of care, such as community outreach services to high risk population locations

Funding could be used to additionally support the above through:

- Subsidise staff time to participate in professional development (such as shadowing specialists)
- Quality improvement activities such as data recording, cleansing and evaluation
- Community engagement, advertising or promotion of new service offerings.

Funding cannot be used for:

- Activities that fall outside secondary prevention of skin cancer, such as ongoing treatment for diagnosed skin cancers or other skin conditions
- Subsidising individual patient consultations or medications
- Paying staff time to recall patients
- Completing capital works
- Activities not supported by clinical practice guidelines.

This grant is not designed to replace or subsidise existing Medicare or private billing items for patient consultations.

Providers will be required to report on the outcomes of their grant funded activity after six months.

An evaluation scoring matrix with weighted criteria will be used to assess and award successful initiatives. Providers will be required to explain their current level of skin cancer early intervention services, and how the grant funds will be used to support those services.

2.3.1 Minimum Qualifications

Applicant must be a primary healthcare provider that is accredited through their national agency.

The applicant must be based on the North Coast of NSW, delivering services to the North Coast communities.

Lumos participation is a mandatory for any eligible general practice.

2.3.2 Cultural safety, awareness and inclusion

Providers have a responsibility to deliver services that are culturally safe and free from racism. The presence or absence of cultural safety can only be determined by Aboriginal and Torres Strait Islander people accessing the service.

Users need to feel culturally safe accessing the service and the Provider should ensure they use multiple strategies to embed culturally safe practices throughout their service. Strategic actions that Providers can take include and are not limited to:

- Ensure all staff delivering proposed services are trained in Aboriginal and Torres Strait Islander cultural awareness in line with National Aboriginal Community Controlled Health Organisation (NACCHO) Standards for cultural awareness training and/or RACGP cultural awareness education and Cultural Safety training
- Have in place, or a strong commitment to, ongoing development and review of Aboriginal and Torres Strait Islander Cultural Safety ensuring culturally safe services as defined by those who receive the services

- Ensure all staff delivering the services understand their responsibilities to the needs of Culturally and Linguistically Diverse (CALD), LGBTQI+ and other vulnerable communities
- Ensure services are safe and inclusive for Culturally and Linguistically Diverse (CALD), LGBTQI+ and other vulnerable communities
- Ensure there is meaningful engagement with diverse groups to guide and support clinical and service development decision making to ensure cultural safety for Aboriginal and Torres Strait Islander communities as well as safety for CALD, LGBTQI+ and other vulnerable communities.

2.3.3 Clinical Governance

Grant recipients will be required to meet the following clinical governance requirements

- Provider holds accreditation with relevant health regulatory bodies (e.g. AHPRA, AGPAL, RACGP, National Safety and Quality Health Service (NSQHS) standards, Australian Aged Care Quality Standards and Code of Conduct for Aged Care)

2.4 Program Funding

From a total Funding of \$150,000 (exc. GST), applicants will be able to apply for \$10,000-\$15,000 (Exc. GST) per grant.

Applicants will be required to provide a detailed budget breakdown in Schedule 4 of the response.

2.5 Reporting Requirements

All Providers receiving grant funding will be required to meet the following reporting requirements

- Project Status Report (6 months only)
- Financial Declaration (6 months only)

3. Conditions of Participation

3.1 Application of these Conditions of Participation

These Conditions of Participation set out the rules for participation in the Expression of Interest (EOI) Process. They apply to the EOI and any other information given, received or made available in connection with the EOI, the EOI Process, and any communications relating to the EOI or the EOI Process.

By participating in the EOI Process, each Participant is deemed to accept these Conditions of Participation.

3.2 Submission of EOIs

3.2.1 Electronic Submissions

EOIs must be submitted electronically via the HNC Website at <https://hnc.org.au/capacity-building-in-skin-cancer-early-intervention-grants/>.

3.2.2 EOI Closing Time

EOI must be submitted no later than the EOI Closing Time, being:

13 March 2026, 5pm

Failure to lodge EOIs by the EOI Closing Time, or via a means contrary to that specified in the EOI Documents, may lead to HNC excluding a EOI from the EOI Process.

The EOI Closing Time may be extended or varied by written notice by HNC via an Addendum in accordance with Clause 3.3.3.

3.3 General

3.3.1 Enquiries and Clarification

All enquiries, and requests for clarification or additional information from Participants shall be made in writing via the HNC Website.

Enquiries must not be addressed to Staff or Board members of HNC.

3.3.2 Industry Briefing Session

A EOI Briefing Session for Participants will be held at **1pm on 18 February 2026**. The purpose of this session is to brief Participants on the EOI process, clarify aspects of the EOI documents and respond to any enquiries. Responses to questions, changes to the EOI documents, or important issues covered at the session will be made available on the website.

Please register to attend the briefing session by completing the [RSVP Web Form Link](#) by 12pm on 18 February 2026. The details of the briefing session will be emailed to participants following the completion of the registration form.

3.3.3 Addenda

HNC may issue Addenda to clarify issues or to amend the EOI. Addenda shall be issued via the HNC website and shall become part of the EOI Documents.

3.4 Evaluation Criteria

HNC will undertake an evaluation of EOIs, and if necessary, enter into negotiations with the preferred Participants. The following evaluation criteria will be applied:

3.4.1 Mandatory Evaluation Criteria

Completion of all schedules in the Section B: Participant Return Schedules:

Section B: Participant Return Schedules	
Proposal Form	Applicant Details (including ABN)
Schedule 1	Proposed Project Plan
Schedule 2	Community Need
Schedule 3	Current Capacity
Schedule 4	Budget

Schedule 5	Impact
Schedule 6	Insurance Requirements: <ul style="list-style-type: none"> • Public Liability (min \$10mil one occurrence, \$20mil aggregate) • Professional Indemnity (min \$10mil one occurrence) • Workers Compensation
Schedule 7	Financial Capacity
Schedule 8	Conflict of Interest
Schedule 9	Acceptance and Declaration

3.4.2 Weighted Evaluation Criteria

Criteria	Weighting (%)
Community Need	30%
Equity	30%
Effectiveness + Efficiency	40%

For more information on the above weighted criteria, please view Addendum 1 – Evaluation Scoring Matrix – Weighted Criteria. The Evaluation Panel will score in accordance with the weighted criteria which is elaborated on in the evaluation rubric.

3.5 Preparation of EOI's

3.5.1 Format and Contents

The Participant must ensure that it's EOI contains the completed Section B: Participant Return Schedules, and all information requested in those Schedules

3.5.2 Information to be submitted with Expression of Interests

Complete all essential information set out in **Section B: Participant Return Schedules**. Failure to submit such information may render EOI non-conforming.

3.5.2.1 Conforming EOI

To submit a conforming EOI, the Participant must:

- i. Comply with all of the requirements contained in the EOI Documents; and
- ii. Complete and execute all the details in Section B: Participant Return Schedules, in the manner indicated.

3.5.2.2 Non-conforming EOI

A non-conforming EOI is a EOI that does not comply with all the requirements of Clause 3.3.2. Where a non-conforming EOI is submitted, the following applies:

- i. HNC may exclude a Participant from participation in the EOI Process if the Participant submits a non-conforming EOI;
- ii. HNC may at its sole discretion consider a non-conforming EOI; and

- iii. Participants submitting a non-conforming EOI shall fully detail any variance from the requirements of the EOI Documents.

3.5.2 Participants to be Fully Informed

Prior to submitting a EOI, Participants shall become acquainted with the nature and extent of the EOI Documents, and make all necessary examinations, investigations, inspections and deductions.

No claims arising from a failure to take any such actions will be considered and HNC does not accept any responsibility if a Participant fails to make its own enquiries, interpretations, deductions and conclusions when preparing its EOI.

The Participant shall satisfy itself that it has sufficient and complete information to prepare its EOI and no claims will be accepted that information is missing or incomplete once EOIs have been submitted.

Participants are required to familiarise themselves with all statutory requirements and to satisfy themselves that they are not participating in any anti-competitive, collusive, deceptive or misleading practices in structuring and submitting their EOI.

HNC will accept no responsibility for a Participants failure to make its own enquiries, interpretations and conclusions from information contained within the EOI Documents or otherwise.

3.5.3 Legal Effect of EOI

A EOI shall not be declared to be conditional on or subject to:

- i. Board or Executive approval of the Participant or a related party of the Participant;
- ii. obtaining any statutory or regulatory approval or consent;
- iii. obtaining the consent or approval of any third party;
- iv. the conduct of due diligence or any other form of enquiry or consent; or
- v. negotiation of commercial or contractual terms.

HNC, at its absolute discretion, reserves the right to exclude a Participant from participation in the EOI Process if its EOI is declared, or purports to be, subject to any of the above conditions.

3.5.4 Acknowledgement of Participants

In preparing and submitting a EOI, Participants acknowledge that:

- i. HNC makes no representations and offers no undertakings in issuing this Request for EOI;
- ii. HNC will not be liable to Participants for any claim arising out of or in any way connected with the EOI Documents including, without limitation, any claim at common law or equity under any statute or regulation;
- iii. Participants are to be fully informed as set out in Clause 3.3.5 of these Conditions of Participation;
- iv. All costs incurred by Participants with respect to the EOI will be their sole responsibility. All Participants are solely responsible for such costs and expenses irrespective of any action taken by HNC during the EOI Process;
- v. HNC is not bound to negotiate with, or accept any submission from, Participants;
- vi. HNC may elect to consider non-conforming EOIs;

- vii. HNC may require Participants to supply further information and/or attend a conference or interview.
- viii. HNC may issue addenda, supplement, vary, or clarify the EOI Documents as required;
- ix. EOIs become the property of HNC upon lodgement;
- x. EOIs shall remain valid for a period of 90 days from the expiration of the date of the EOI Closing Time; and
- xi. The EOI Evaluation Panel and/or HNC may undertake due diligence checks, including but not limited to verifying references and/or referees, and undertaking company searches and credit checks.

3.5.5 *Conduct of Participants*

3.5.6.1 *Confidentiality*

HNC requires that all Participants maintain the confidentiality of all documents provided in connection with the EOI. Without limiting the nature of materials to be kept confidential HNC requires that all details of this EOI, and other information and materials provided in connection with the EOI be kept confidential.

Participants shall not disclose or use the EOI Documents or other information and materials provided in connection with the EOI except for the purpose of developing its EOI.

Participants must implement such reasonable security arrangements to prevent unauthorised access of all materials in connection with the EOI.

3.5.6.2 *Collusion and Anti-Competitive Conduct*

Participants shall not enter into any agreement with any other Participant concerning the preparation of a EOI unless for the expressed purpose of forming a partnership or consortium.

Except for the purpose of forming a partnership or consortium, Participants shall not seek to obtain knowledge of the participation of any other Participant, and shall not reveal its participation to any other Participant at any time prior to the EOI Closing Time.

In the event that a Participant becomes aware of or is approached by anyone on any matter which contravenes the foregoing or any statute, regulation, or authority under Commonwealth and/or State laws the Participant shall immediately give written notice to the HNC.

3.5.6.3 *Unauthorised Contact*

Participants shall not, and must ensure that its employees, consultants and agents do not attempt to contact or communicate with, or canvass or request support from, HNC Board Members or staff in respect of the EOI Process.

Participants found to have breached this clause may be excluded from the EOI Process.

3.5.6.4 *Conflict of Interest*

Participants declares that, at the time of the submission of its EOI, other than conflicts notified to HNC, no conflict of interest exists, or is likely to arise, which would affect the performance of its obligations if the Participant were to enter into a Contract with HNC

3.6 **Evaluation Process**

Evaluation will be undertaken on the information submitted in EOIs. HNC may elect to supplement the information submitted in a EOI by:

- i. undertaking investigations; and/or
- ii. seeking further information from a Participant for reasons of clarification, interpretation or to rectify omissions; and/or
- iii. requiring a Participant to attend an interview or a conference; and/or
- iv. undertaking due diligence checks, including but not limited to, verifying references, communicating with referees, and undertaking company searched and credit checks.

As part of the evaluation process, HNC may:

- v. commence negotiations with all Participants without shortlisting any Participants;
- vi. shortlist one or more Participants to proceed to further negotiations;
- vii. accept one or more of the EOIs;
- viii. reject any or all EOIs;
- ix. suspend or cease to proceed with the EOI Process

3.6.2 *Negotiation*

HNC may, during the Evaluation Process, elect to engage in detailed discussions and negotiations with any or all Participants. As part of the negotiation process, HNC may request a Participant to improve one or more aspects of its EOI, including any technical, financial, corporate or legal aspects.

HNC may also require any or all Participants to provide references, additional referees, or additional information and to make themselves available for an interview or to make a presentation. Failure of a Participant to provide supplementary information consequent to a request from HNC may lead to HNC excluding a EOI from further evaluation.

HNC is under no obligation to conduct any negotiations with Participants, to seek additional information from Participants, or to conduct interviews with or request presentations from Participants.

3.6.3 *Best and Final Offers*

HNC may, during the Evaluation Process, elect to invite any all Participants to submit a best and final offer, which for the purpose of these EOI Documents would constitute a detailed Project Plan. Any invitation to Participants to submit a detailed Project Plan, would include the details required to be included in the Project Plan, including but not limited to Project:

- i. scope and objectives;
- ii. methodology and timeframe;
- iii. team;
- iv. outcomes;
- v. risks and risk mitigation approach;
- vi. milestones associated with deliverables and reporting;
- vii. performance evaluation criteria and monitoring process;
- viii. performance management process; and
- ix. project fee and payment milestones.

After receiving best and final offers, HNC may then conduct a final evaluation of EOIs, taking into account the best and final offers received.

3.6.4 *Successful EOIs*

As a result of the EOI Evaluation Process, HNC may accept one or more EOIs as being successful. HNC shall subsequently notify a/the successful Participant/s in writing of the acceptance of its/their EOI/s.

Acceptance of an EOI/s does not give rise to a contract. No legal relationship will exist between HNC and a successful Participant until such time as a binding contract is executed by both HNC and a successful Participant.

As a commissioning organisation, HNC has an obligation to ensure its commissioned services follow all state and federal Public Health Orders.

If a binding contract is executed, HNC commissioned providers are required to maintain the insurances specified in the EOI.

3.6.5 *Unsuccessful EOIs*

Unsuccessful Participants shall be advised in writing at the earliest opportunity.

3.7 **Formal Instrument of Contract**

Successful Participants will be provided with two (2) copies of a Formal Instrument of Contract, which is to be executed by the successful Participant within fourteen (14) days of its receipt.

3.8 **Participant Warranties**

By submitting a EOI, the Participant warrants that:

- i. it did not rely on any express or implied statement, warranty or representation, whether oral, written made by or on behalf of HNC, its officers, employees, agents or advisors other than any statement, warranty or representation expressly contained in the EOI Documents;
- ii. it did not use the improper assistance of HNC's officers, employees, agents or advisors or information inappropriately obtained from HNC in compiling its EOI;
- iii. it has examined the EOI Documents and any other documents referred to or referenced herein, and any other information made available to Participants for the purposes of submitting a EOI;
- iv. it has sought and examined all necessary information and advice which is obtainable by making prudent enquiries relevant to the risks and circumstances affecting its EOI;
- v. it is responsible for all costs and expenses related to the preparation and lodgement of its EOI, any subsequent negotiation and any future process related to the EOI Process;
- vi. it shall not hold HNC liable for any claim regarding any cost, expense, loss or damage whatsoever as a consequence of any matter relating to its participation in the EOI Process including if its EOI is unsuccessful;
- vii. it accepts and has and will comply with these Conditions of Participation;
- x. it will provide additional information in a timely manner as requested by HNC for reasons specified in Clause 3.5.2;

- xi. it will attend an interview or a conference in a timely manner as requested by HNC to discuss matters contained in its EOI;
 - viii. it will participate productively in negotiations with HNC should it be called upon to do so pursuant to Clause 3.5.2.1;
 - ix. it will submit a Best and Final Offer in a timely manner as requested by HNC should it be called upon to do so pursuant to Clause 3.5.2.2; and
- it is satisfied as to the correctness and sufficiency of its EOI.

3.9 HNC's Rights

Without limiting its rights under these Conditions of Participation or law, HNC reserves the right to:

- i. suspend or cease to proceed with the EOI Process;
- ii. alter the structure and content of the EOI Documents and/or the timing of the EOI or the EOI Process;
- iii. alter any time or date specified in the EOI Documents;
- iv. exclude any EOI received after the EOI Closing Time;
- v. exclude any EOI that doesn't comply with these Conditions of Participation;
- vi. terminate the participation of any Participant in the EOI Process;
- vii. require additional information or clarification from any Participant;
- viii. commence negotiations with all Participants without shortlisting any Participants;
- ix. shortlist one or more Participants to proceed to further negotiations;
- x. negotiate with one or more Participants;
- xi. accept one or more of the EOIs;
- xii. reject any or all EOIs;
- xiii. suspend or cease to proceed with the EOI Process; and call for new EOIs.

Addendum 1 – Evaluation Scoring Matrix – Weighted Criteria | Primary Care Impact Grants – Skin Cancer Capacity Building Rubric

	Community Need (30%)	Equity (30%)	Effectiveness + Efficiency (40%)
	Need description; use of data; understanding of high-risk groups	Focus on underserved/high-risk groups; cost to consumers; cultural safety and access	Evidence based approach, value for money, measurement and outcomes
Excellent (9-10)	<p>Provides a clear, detailed description of the specific community need the capacity-building activity will address.</p> <p>Uses relevant data (e.g. local skin cancer incidence, screening rates, ED or hospital data, practice data) with appropriate analysis to identify gaps (e.g. low screening in men 50+, CALD patients, Aboriginal and Torres Strait Islander peoples).</p> <p>Demonstrates a strong understanding of local high risk groups and why this practice is well placed to respond.</p>	<p>Clearly describes how the activity will directly benefit underserved and high risk populations (e.g. Aboriginal and Torres Strait Islander peoples, CALD communities, people in rural/remote areas, outdoor workers, older men).</p> <p>Proposes equitable access through no cost skin cancer-related services to consumers.</p> <p>Explicitly addresses cultural safety, accessibility (language, disability, LGBTQI+ inclusion), and practical barriers (transport, timing) for priority groups.</p> <p>Resources/budget include realistic costs to reach and engage high risk populations.</p>	<p>Provides a clear, compelling rationale for the proposed capacity building (e.g. skills gap, workflow issues, equipment need) directly linked to the identified need.</p> <p>Proposal is evidence based and aligns with best practice in primary care skin cancer prevention, early detection and/or management.</p> <p>Demonstrates strong value for money (e.g. reasonable cost per person reached or per activity, effective use of existing resources).</p> <p>Outlines a clear, feasible plan to measure outputs and outcomes (e.g. staff trained, number and profile of patients reached, changes in screening or referral patterns), including for priority groups.</p>
Very Good (6-8)	<p>Clearly explains the community need with relevant supporting data and some analysis of local gaps.</p> <p>Identifies key high risk groups in the practice/community, though detail or specificity may be limited in places.</p>	<p>Explains how the activity will improve access for the broader community and includes some focus on high risk- or underserved groups.</p> <p>Commits to no cost services for consumers and notes cultural appropriateness where relevant, but- plans to reach priority groups are less detailed or comprehensive.</p>	<p>Provides a clear rationale with minor gaps in detail.</p> <p>Approach is generally evidence informed and appropriate for- primary care.</p> <p>Indicates reasonable value for money.</p> <p>Outlines a basic but workable method for measuring key outputs and outcomes.</p>
Good (3-5)	<p>Provides a basic explanation of community need with minimal data or largely descriptive evidence.</p> <p>Limited analysis of who is most affected or why the activity is a priority.</p>	<p>Describes some benefits for higher need or disadvantaged groups but with limited detail.</p> <p>May offer minimal or unclear costs to consumers (e.g. partial subsidies) or generic statements about accessibility and cultural appropriateness.</p>	<p>Provides a basic rationale that is only partly linked to identified need.</p> <p>Approach appears sensible but has limited reference to evidence or best practice.</p> <p>Limited discussion of value for money.</p> <p>Measurement plan is vague or limited to activity counts only.</p>
Not adequate (0-2)	<p>Provides no viable explanation of community need or presents a need that is unclear, generic, or not specific to the community.</p> <p>Provides no meaningful data or evidence of need.</p>	<p>Does not improve equitable access or ignores underserved groups.</p> <p>Proposes activities that introduce or maintain costs likely to be a barrier for priority populations. Does not consider cultural safety or accessibility.</p> <p>May duplicate existing services without extending reach to higher need- groups.</p>	<p>Rationale is unclear or not linked to identified need.</p> <p>Proposal duplicates existing activity or is unlikely to be effective.</p> <p>No consideration of value for money.</p> <p>Little or no description of how outcomes will be measured.</p>