

REQUEST FOR PROPOSAL

Management of Chronic Pain in South Eastern NSW

Due: 6:00pm, Monday 28 April 2025

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1. COORDINARE - South Eastern NSW PHN

COORDINARE – South Eastern NSW PHN is one of 31 Primary Health Networks (PHNs) established throughout Australia with the key objectives of improving the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

COORDINARE works directly with general practitioners, other primary health care providers, secondary care providers and hospitals to bring about improved outcomes for patients. Our focus is on local health needs as well as national health priorities and funded programs, particularly in the areas of chronic disease (and potentially preventable hospitalisations), mental health, Alcohol and other drugs, Aboriginal health, afterhours services, and healthy ageing.

Commissioning is central to COORDINARE's ability to achieve these objectives and address local and national priorities. As a commissioning organisation, COORDINARE is involved in a continual cycle of developing and implementing health services and related initiatives based on a planning, procurement, review, and evaluation cycle involving providers, communities, and consumers.

2. Request for Proposal (RFP)

2.1 Introduction

COORDINARE - South Eastern NSW Primary Health Network (SENSW PHN) invites proposals from eligible and suitable organisations to deliver a Chronic Pain Management Program to support primary care and contribute to improved health outcomes for people living with mild to moderate pain in the SENSW region.

The available funding is \$258,482 (excl. GST) for service to be delivered until 30 June 2026.

2.2 Background

"Pain is Australia's third most costly health problem and arguably the developed world's largest 'undiscovered' health priority," says Professor Michael Cousins AM, Chair National Pain Strategy¹. Chronic pain, also called persistent pain, is pain that continues for more than three months after surgery, an injury, as a result of disease or from another cause. Its impact on health is gaining more recognition, with the World Health Organisation (WHO) classifying chronic pain as a disease in the ICD-11². In Australia, the National Strategic Action Plan for Pain Management (2021)³ was endorsed by all Health Ministers as the overarching guiding document for pain management in Australia. Chronic pain impacts across a range of areas for the individual and the broader community, with the financial cost for Australia in 2018 estimated at \$73.2 billion⁴.

Chronic pain⁵:

- Is associated with several behavioral risk factors (such as physical inactivity, smoking, overweight), further increasing the risk of chronic conditions
- Is strongly associated with anxiety and depression
- Is related to a range of long-term conditions
- Increases general practice presentations and hospital length of stay

¹ National Pain Strategy: Pain management for all Australians; PainStrategy2010Final.pdf (chronicpainaustralia.org.au)

² The IASP classification of chronic pain for ICD-11: chronic neuropathic pain - PubMed (nih.gov)

³ The National Strategic Action Plan for Pain Management, <u>The National Strategic Action Plan for Pain Management | Australian Government Department of Health</u>

⁴ Deloitte Access Economics. *The cost of pain in Australia*. Canberra: Deloitte Access Economics;2019.

⁵ https://coordinare.org.au/assets/SNSW-Chronic-Pain-Initiative-Evaluation-v2.pdf

• Impacts on workforce participation and financial stability.

2.3 Local snapshot

In Southern NSW, 30% of the adult population is estimated to experience chronic pain. As of the year 2020, an estimated 87,993 persons in the SENSWPHN catchment suffered from chronic pain. This figure is projected to grow by 23.6% by the year 2050 to 108,745 persons with chronic pain within the SENSWPHN catchment. This is expected to have a very high burden on the health and social service needs for the affected persons⁶.

Many consumers experiencing chronic pain do not have access to best-practice pain management services, and this is particularly evident in rural, regional and remote areas. Much of the South Eastern NSW (SENSW) catchment, particularly the Southern NSW region, is classed as rural (MM5 and MM4). Health service access issues can contribute to poor outcomes, particularly when there are significant gaps in available services. Some of the barriers to ensuring access to best-practice pain services and programs for consumers with mild-moderate pain in SENSW include geographic isolation, limited specialist pain services, out-of-pocket costs associated with allied health appointments, and access to services that provide culturally responsive care.

2.4 Funding purpose

Through this funding, COORDINARE is seeking a provider to deliver a program or service for consumers with mild to moderate chronic pain living in the SENSW catchment area.

The objectives of the funding are to:

- Reduce barriers to accessing programs that address chronic pain management
- Provide a referral pathway for general practitioners and other health professionals
- Improve quality of life for people living with chronic pain
- Promote evidence-based self-management skills and strategies
- Provide access to a multidisciplinary team for consumers with chronic pain
- Facilitate access to peer support and involve carers and family, where appropriate

2.5 Scope and specifications

Location

All funded activities must occur within the South Eastern NSW catchment area.

Scope

COORDINARE is seeking a provider to deliver a chronic pain program or service that is aligned with the National Strategic Action Plan for Pain Management and includes the following key elements:

- Multidisciplinary and team-based care; including access to a range of allied health professionals
- Communication with and/or involvement of the consumers' GP;
- Consumer-focused care; including offering both group-based sessions and individual consultations, peer support, and involvement of family and carers where appropriate;
- Accessible and appropriate care; programs that can be tailored to Aboriginal and Torres Strait
 Islander and multicultural communities, and enabling access for consumers in remote and rural
 locations;
- Measures client outcomes using a validated patient-reported measure, such as the PROMIS Pain Behaviour (PROMIS-PB) tool⁸ (outcome measure tool/s to be agreed with successful provider).

⁶ COORDINARE Needs Assessment 2024/5 - 2026/27 Needs Assessment 2024/25-2026/27

⁷ Painaustralia (2019). The impact of pain on rural and regional Australia: problems and solutions - Painaustralia

⁸ https://www.healthmeasures.net/explore-measurement-systems/promis

The program should seek to focus on helping consumers learn self-management strategies, provide individual case management, support, goal setting and improved use of relevant community health services. The provider will also be expected to collaborate with key organisations locally, including Illawarra Shoalhaven and Southern NSW Local Health Districts and other providers of pain services, to contribute to an integrated health system. This includes developing relevant referral pathways and working with COORDINARE to integrate the service into HealthPathways and developing 'exit' pathways for patients into other relevant health and or social services where necessary.

2.6 Who can apply?

Organisations involved in delivering chronic pain or other community health services in the South Eastern NSW region. This includes:

- general practices and other primary care providers
- non-government organisations, including charities and not for profit organisations
- community health providers (non-government funded)
- aged care providers
- individual providers and/or organisations working in consortia or partnerships, with one lead agency nominated as the legal entity.

Submissions from consortia and partnerships will be considered, including with organisations not eligible for direct funding under the initiative.

Note: State government agencies are eligible for direct funding under this initiative.

Funding amounts

A total of up to \$258,482 ex GST will be dispersed through this initiative. The successful provider will be contracted prior to 30 June 2025 for a period of 12 months.

2.7 Ineligible for funding

The following activities are not considered to be in scope:

- Depreciation of expenses
- Activities already undertaken or expenses already incurred or duplicate those funded under other government initiatives
- Purchase of vehicles
- Research costs
- Items of capital equipment valued greater than \$5,000
- Items of capital not directly related to patient outcomes
- Payments for professional services (i.e. where a payment is made for a medical service item listed in the Medicare Benefit Schedule)
- Conference attendances
- Board fees

The above list is indicative and is not intended to be exhaustive.

2.8 Evaluation and monitoring

The successful service provider will be required to work with COORDINARE to establish and agree on a data collection and reporting protocol which allows COORDINARE to assess the performance of the service against agreed measures in the following domains:

- improved health outcomes;
- better consumer experience;
- enhanced provider satisfaction; and
- increased value for money.

This project will require the **upload of raw data (de-identified unit record data) to a secure site held by COORDINARE**. The successful provider will be required to adhere to 100% compliance with all data submission and reporting requirements to COORDINARE at an agreed frequency and will participate in regular service monitoring, review and evaluation activities.

Key Performance Indicators (KPIs)

Key Performance Indicators will be included in the contract with the successful provider to enable performance monitoring against outputs and outcomes. All KPIs are underpinned by the Quintuple Aim and allow the service to be monitored against performance in the domains of access, efficiency, appropriateness and effectiveness. Final KPIs will be negotiated and agreed upon during the contracting phase with the successful provider, however indicative KPIs for this service or program are listed below:

No.	Performance Domain	Performance indicator
	Domain	
1	Access	Number of clients
2	Access	Number episodes/service contacts/occasions of service delivered
3	Access	Number and distribution general practices/practitioners and other
		professionals referring clients to the program
4	Access	Geographic distribution of participants across the SENSWPHN catchment
5	Effectiveness	Completion rate for outcome measures in completed episodes
6	Effectiveness	Proportion of completed episodes of care showing improvement in
		outcomes
7	Appropriateness	Client satisfaction/experience measure offered to 100% clients
8	Appropriateness	Proportion of clients reporting a positive experience with the service
9	Efficiency	Cost effectiveness
10	Efficiency	Wait time to receive services

3. Timeline

An indicative timeline is outlined below. COORDINARE reserves the right to modify these timeframes. Registered providers will be notified of key changes via TenderLink.

Request for proposals released	31 March 2025
Information sessions via webinar industry briefing*	Monday, 07 April 2025
See further information in Section 4. Information session.	
Questions addressed to COORDINARE (via TenderLink)	Monday, 14 April 2025
Last day for proposals to be received – late applications will not be accepted	6.00pm Monday 28 April
	2025
Evaluation of proposals	Early May 2025
Clarification / negotiation with shortlisted providers	Mid-May 2025
Contracts awarded	June 2025
Contracts commence	June 2025

4. Information session

COORDINARE will hold an information session via webinar. Please register for the webinar 'RFP Management of Chronic Pain in South-Eastern NSW' on **April 7, 2025 12:00 PM AEST** at: Industry Briefing - Registration.

After registering, you will receive a confirmation email containing information about joining the webinar.

A recording of information session will be published on Tenderlink. This session will focus on the RFP process and guidelines.

5. Developing and submitting your proposal

Please submit your proposal using the online submission form. Proposals are required to provide the following information:

The Request for Proposal (RFP) is an open process. Proposals will be accepted until **6:00pm, 28 April 2024**. Any proposals received after the cut off will not be accepted.

The online submission form is available on COORDINARE's online procurement portal which can be accessed at: https://www.tenderlink.com/coordinare/. You will need to register on the site before you can access the form. Registration is free. You will receive a time and date stamped confirmation after successful submission.

Respondents should outline a proposed approach aligned to the scope and specifications and address all of the assessment criteria outlined in this document.

Please ensure you read each assessment criterion carefully and answer each component and section of the submission form by considering all information provided.

Documents can be attached which are directly relevant to your response. Please avoid attaching large documents as only the first five (5) pages will be read by the Evaluation Panel. If the documents are large, please specify the relevant page number(s)/section(s) to your response.

If you do not wish to upload a file in a mandatory section, please upload a blank letterhead document with 'NA' typed to indicate you do not wish to provide a response (or it is not relevant to you). This will ensure that you can continue moving through the application. There is an upload limit of 2GB per attachment.

File formats accepted: word, excel, pdf and jpg files are all acceptable formats. Please see the TenderLink guide (Appendix 2) provided for more information.

Please refer to section *9. Evaluation of submissions* for more information on COORDINARE's approach to evaluating proposals.

6. Respondent questions

Questions regarding the request for proposal process or content can be submitted anonymously to COORDINARE via the online forum following registration on TenderLink (see 5. Developing and submitting your proposal).

Please note that any questions, answers and points of clarification will be shared with all other providers participating in the RFP. Any identifying information about the organisation submitting the question will be removed.



7. Assessment criteria

Required Response	Weighting
Service Model Overview	45%
Up to 1500 words)	
Provide an overview of the proposed service or program and demonstrate:	
 The proposed model/service components and how the model relates to the 	
funding objectives and specifications outlined in this RFP document, including:	
 Resourcing, including staffing profile and how the program will ensure 	
access to a multidisciplinary team	
 Approach to consumer-focused care, and the tailoring of support to 	
consumer need	
 Geographical reach of the service/program and estimated capacity 	
 Proposed engagement with key stakeholders to ensure coordinated, 	
integrated care and development of referral pathways, including with GPs	
 How consumers will be involved in the delivery and continuous 	
improvement of the program or service	
 Timelines to implement the activity 	
An understanding of best practice treatment and support for chronic pain and pain	
management (see Section 2.5 'Scope')	
How the service addresses barriers to access	
If the model will be delivered as a consortium or partnership, who the partners are and their roles (if applicable).	
are, and their roles (if applicable)	
How the service can be tailored to ensure cultural responsiveness for Aboriginal	
and Torres Strait Islander consumers and consumers from culturally and	
linguistically diverse backgrounds	
Approach to program sustainability.	
Governance and Organisational Capacity	25%
Up to 1000 words)	23/0
Outline the proposed governance (including clinical governance) and leadership structure	
or the service, including:	
 An overview of your organisation's existing operational and clinical management 	
functions and how they will relate to this project	
Details of existing clinical governance arrangements including relevant policies and	
procedures.	
Provide a brief overview of existing services, skills and networks that support the proposed	
ervice model, including the following key components:	
 Ability to mobilise and implement the specifics of the service within a short time 	
frame, including mobilisation of an existing workforce while recruitment is	
underway	
Outline the existing skills and expertise within your organisation that will ensure	
the delivery of the proposed service model	
Outline existing networks that support engagement with priority groups.	

Monitoring and Evaluation	20%
(Up to 500 words) Provide an overview of how you intend to monitor and evaluate the service, including:	
 Approach to collecting consumer and referrer feedback Approach to measuring consumer outcomes, including the proposed outcome 	
 measure tool/s Evidence of capacity to collect and provide de-identified, unit record program data 	
 as specified in Section 2.8 Proposed approach to continuous quality improvement of the service, including 	
consideration of consumer and community input.	

Required Response	
Budget and value for money	
Provide an indicative budget for the financial year 25-26 on the budget template provided Ensure the budget: • Supports the model/program described and reflects value for money	
 Provides an estimated cost of delivering the proposed program Please ensure that you have completed and included the budget template provided (Appendix 1) with your application. 	
Total scored criteria	100%
Provide copies of your current accreditation certificate(s) from your professional body.	Compliance
 Provide copies of required insurances Public liability insurance \$20 million per claim and in the aggregate of all claims Professional indemnity insurance \$10 million per claim and in the aggregate of all claims Copy of your workers compensation insurance policy for NSW. Cyber Security insurance - not less than \$1 million in the aggregate of all claims (optional) 	Compliance
Provide most recent financial audited statements	Compliance
Include at a minimum three (3) professional referees Not required if a current service provider with COORDINARE, or have previously received funding from COORDINARE (greater than \$50,000)	Compliance
Aboriginal and Torres Strait Islander Impact Statement, Aboriginal and Torres Strait Islander Health Strategy or a Reconciliation Action Plan	Compliance

8. Funding

A total budget of \$258,482 (excl. GST) is available for this initiative over the period end of June 2025 to June 2026.

We will consider providers working in partnership through a lead provider i.e Consortium bids will be considered.

9. Evaluation of submissions

The successful respondent will be selected through a competitive process. An evaluation panel will consider each submission against the compliance requirements as well as the Assessment Criteria outlined in Section 7.

Respondents are assessed via a competitive process. An evaluation panel will consider each submission against the Assessment Criteria. The evaluation panel will select a shortlist from the respondents for consideration by COORDINARE. COORDINARE will select from the shortlist based on the panel's evaluation and other relevant information available to COORDINARE.

COORDINARE may request additional information from respondents. COORDINARE may also work with shortlisted respondents to clarify submissions, including to request revised proposals, prior to awarding a contract.

Please refer to Conditions of the Request for Proposal for more information.

10. Contracting Arrangements

Successful respondents are required to enter into a Service Agreement with COORDINARE. The final terms of the Service Agreement and associated schedule are subject to negotiation. Contracted respondents will be required to provide progress reports on agreed milestones. The format and framework for progress reports may take account of the size, costs, complexity and relative risks of the project being undertaken.

11.Interpretation

Definition of key terms

Term	Meaning
COORDINARE	The South Eastern New South Wales Primary Health Network and the organisation responsible for the RFP and the RFP process
Closing time	The time specified by which RFP responses must be received
Response(s) to RFP	A document/s lodged by a Respondent in response to this RFP containing a response to provide Goods or Services sought through this RFP process
Respondent	An entity that submits a response to this RFP
RFP Process	The process commenced by the issuing of this RFP and concluding upon formal announcement by SENSW PHN of the selection of a preferred respondent(s) or upon the earlier termination of the RFP process
Request for Proposal (RFP)	This document and any other documents designated by SENSW PHN

12. Conditions of this Request for Proposal

ABN/Taxation	COORDINARE will only deal with Respondents who have an Australian Business Number
requirements	(ABN).
Acceptance	Non complying submissions may be rejected. COORDINARE may not accept the lowest
	priced proposal and may not accept any proposal.
Additional	COORDINARE reserves the right to request additional information from respondents. If
information	additional information is required by COORDINARE, written information and/or
	interviews may be requested to obtain such information at no cost to COORDINARE.
	Respondents are required to provide additional information at no cost to COORDINARE.
	COORDINARE may also provide additional information or clarification.
Assessment	COORDINARE reserves the right to engage a third party to carry out assessments of a
	Respondent's financial, technical, planning and other resource capability. COORDINARE
	is entitled to consider all information known to COORDINARE in relation to a
	respondent and their submissions when assessing submissions.
Conflicts of	Respondents must declare to COORDINARE any matter or issue which is or may be
interest	perceived to be or may lead to a conflict of interest regarding their submission or
	participation in the RFP process, or in the event their proposal is successful.

Expenses	All expenses and costs incurred by a Respondent in connection with this RFP including
	(without limitation) preparing and lodging a submission, providing COORDINARE with further information, attending interviews and participating in any subsequent
	negotiations, are the sole responsibility of the Respondent.
Explanations	Verbal explanations or instructions given prior to a contract being executed shall not bind COORDINARE.
General	Respondents should familiarise themselves with this document and the separate online Submission Form and ensure that their proposals comply with the requirements set out in these documents. Respondents are deemed to have examined statutory requirements and satisfied themselves that they are not participating in any anticompetitive, collusive, deceptive or misleading practices in structuring and submitting the proposal.
Legal entity	COORDINARE will only enter into a contract with an organisation or individual with established legal status (e.g. under Corporations Law, Health Services Act, Trustee Act), or a natural person at least 18 years of age with mental capacity to understand the agreement.
Lobbying	Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.
Ownership	All submissions become the property of COORDINARE once lodged. COORDINARE may copy, or otherwise deal with all or any part of a submission for the purpose of conducting evaluation of submissions.
Negotiation	COORDINARE reserves the right to negotiate with short-listed Respondents after the RFP closing time and allow any Respondent to alter its submission. Contract negotiations are strictly confidential and not to be disclosed to third parties.
No contract	Nothing in this RFP should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this RFP or the lodgement of a submission in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place.
Notification of Probity Breach	Should any supplier feel that it has been unfairly excluded from responding or unfairly disadvantaged by the process, the supplier is invited to write to the Business Team at commissioning@coordinare.org.au
Part	COORDINARE reserves the right to accept applications in relation to some and not all of
applications	the scope of activity described, or contract with one, more than one or no Respondent on the basis of the proposals received.
Process	COORDINARE reserves the right to withdraw from, or alter, the RFP process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.