



Expression of Interest Guidelines

**Collaborative Commissioning SENSW
Chronic Obstructive Pulmonary Disease (COPD) - Pulmonary
Rehabilitation**

Due: 5pm, 13 September 2024

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1. Introduction

COORDINARE - South Eastern NSW Primary Health Network (SENSW PHN) invites proposals from General Practices to participate in a chronic obstructive pulmonary disease (COPD) – Pulmonary Rehabilitation.

The project aim is to provide a clear and holistic care pathway for COPD patients. This approach will ultimately provide consumers with improved health outcomes, a concise care pathway, and greater care options within the community. Through the improvements that the project will make to COPD care, a reduction in hospital presentation and admissions is also expected. These expected outcomes are based on international literature and local data analysis.

The MoH requests that the pathway does not incur any cost to the patient.

2. 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, drug and alcohol, Aboriginal health, after-hours services and healthy ageing.

Commissioning is central to COORDINARE’s ability to achieve these objectives and address local and national priorities. 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. More information about SE NSW PHN can be found on our [website](#).

3. Expression of Interest

Background

Collaborative Commissioning is a NSW Health initiative that supports joint planning and funding opportunities that will facilitate long-term reform and policy change.

Program planning has indicated that the SENSW care pathway should target chronic obstructive pulmonary disease (COPD) but remain disease agnostic in terms of enrolled cohort, as outlined in the SENSW Collaborative Commissioning Readiness Assessment.

Consultation with stakeholders took place in Nov-Dec 2022 using COPD X guidelines as a foundation to explore local service provision within SENSW and barriers to access for patients. A final report provided 31 recommendations for consideration of the SENSW collaborative commissioning governance groups.

A number of the recommendations require activities to be delivered within the primary care setting and will require the commissioning of General Practices. The details of the contract are under development but will involve the monitoring of COPD patients in the community. The first tranche of targeted practices are in the following areas:

- Goulburn
- Central Shoalhaven
- Illawarra South

- Milton Ulladulla
- Eurobodalla

Respondents to this EOI should address how a Pulmonary Rehab program will be delivered **in at least one of the regions above.**

This project will cover off on all three strategic objectives and key priorities in [COORDINARE's Strategic Direction](#), including:

1. **Accessible care** – by improving access to services such as mental health, alcohol and other drugs, chronic conditions, after hours and urgent care, especially for priority groups.
2. **Systemised care** – by strengthening linkages between primary care and the broader health system. We support general practice and commission coordination and navigation services that guide individuals through their health care journey.
3. **An activated community** – by fostering health across the lifespan, addressing the social determinants of health, increasing prevention activities, and improving community resilience and social connectedness.

The project also covers the following priorities for action:

- Aboriginal health.
- Social determinants for health.

Scope and purpose

Through stakeholder collaboration a care pathway will be developed to ensure a holistic approach to health care support and management for consumers with COPD. The health care pathway will span the health care continuum and start with early diagnosis in primary care. See [care pathway](#).

This component of the program will focus on the contracting of Pulmonary Rehabilitation services for COPD patients referred by either a local hospital or the general practitioner. This will include:

- Undertaking Pulmonary Rehabilitation training, delivered by The Lung Foundation.
- Setting up the service local to the commissioned practices.
- Delivery of a 6–8–week exercise and education program, with patients attending 2 sessions a Week.
- The respondent should outline how the program will be delivered (open or closed), noting that each provider will be required to enroll approx. 50 patients/annum.
- Designing an exercise and education program suited to the individual needs of each COPD patient. There will be various patients within the scheduled pulmonary rehabilitation program, but all will have individualized programs based on their individual abilities.
- Measuring a patient's pre and post St George's Respiratory Questionnaire for COPD patients (SGRQ-C).
- Measuring a patient's pre and post results:
 - Exercise capacity test to measure:
 - oxygen level,
 - blood pressure, and
 - heart rate while exercising
- Six-minute Walk test or field walking test (e.g., incremental shuttle walk):
 - to measure the patient's exercise capacity.
- Completion of the pulmonary rehab program by the patient entails attendance of a full 12 to 16 sessions.

- Accepting referrals and tracking the patient's workflow through Pulmonary Rehab in the Inca Care Plan platform. The Inca Care Plan platform, along with training, will be provided at no cost to the provider.
- Ensuring patients are enrolled and commence on a Pulmonary Rehabilitation program within 12 weeks of referral.

The project will be held over a three-year implementation phase. Implementation will be broken down into two phases with the first tranche engaging around 8 general practices, then a further 8 during the second tranche.

It is intended that pulmonary rehabilitation will improve a patient's breathing and wellbeing. It will also reduce the frequency of Chronic Obstructive Pulmonary Disease (COPD) exacerbations (flare-ups) and help the patient stay well and out of hospital. An improvement in exercise tolerance is one of the main benefits of completing a pulmonary rehabilitation program. This will make normal daily activities for COPD patients' such as showering, hanging out the washing, walking or gardening easier.

Further detail on information to be included in proposals, and evaluation criteria, can be found in sections [6. Developing and submitting your proposal](#) and [10. Evaluation of submissions](#).

4. Funding purpose

Eligibility

The successful provider should be familiar with the SENSW health service system including understanding current services available and current challenges in the region. Providers should be available to deliver on the outputs stated in this EOI during a three-year period.

COORDINARE is looking for proposals from allied health providers, experienced in delivering rehabilitation services and an interest in learning how to deliver pulmonary rehabilitation. We are also looking to partner with providers that display numerous characteristics aligned with [COORDINARE's Population Health Profile](#). These characteristics include:

- focussing on low socio-economic regions.
- targeting areas with a high percentage of COPD patients.

Activities not funded through the program

The following activities are **ineligible** for funding under this project:

- Any set up costs associated with holding the required pulmonary rehabilitation program.

Outputs and outcomes

This project will seek to meet all four of COORDINARE's aims: improved health outcomes; better consumer experience; enhanced provider satisfaction; and increased value for money.

The outcomes of the project will be clearly documented in the Program Logic once endorsement has been provided for the core pathway activities. This document concerns the agreement with pulmonary rehabilitation services delivered by a range of allied health providers such as exercise physiotherapists, occupational therapists, and respiratory therapists.

An indicative timeline is outlined below. COORDINARE reserves the right to modify these timeframes. Registered providers will be notified of key changes via the Commissioning mailbox commissioning@coordinare.org.au

Milestone	Date
Expression of Interest released	29 July 2024
First Information Session	20 August 2024
Deadline for questions from potential respondents	28 August 2024
Deadline for COORDINARE to respond to potential respondents	05 September 2024
Second Information Session	05 September 2024
Deadline for EOI submission	5.00 pm 13 September 2024
Evaluation process	18 – 27 September 2024
Contracts commence	From Early October 2024

5. How to contact us

Questions regarding the EOI process or content can be submitted to COORDINARE via the commissioning email address, commissioning@coordinare.org.au until 28 August 2024. Note: any correspondence sent to COORDINARE about this EOI and COORDINARE's responses will be shared with other respondents.

6. Developing and submitting your proposal

Respondents should provide a written approach aligned to the scope, specifications and criteria outlined in this document using Application Form (Attachment 1).

Please ensure you read each assessment criterion carefully and answer each component by considering all information provided. The proposal should not exceed 5 (five) pages, excluding compliance components.

Please submit proposal via email commissioning@coordinare.org.au before 5:00pm on 13 September 2024.

7. Funding

The funding will be \$181 per patient who is enrolled and completes the pulmonary rehabilitation program. The program is to consist of:

- Two one-on-one assessments (one preprogram commencement, one post program completion).
- Assist the patient with completion of the Health-Related Quality of Live Survey both pre and post completion of program.
- Group held 1 hour session twice a week.

Funding will be adjusted for patients that fail to complete the program in line with the sessions provided.

Costs associated with undertaking the Lung Foundation Pulmonary Rehabilitation training will also be covered.

We expect that around 50 COPD patients will be referred to each of the pulmonary rehabilitation providers each year.

This of course will be affected by:

- the size of the COPD cohort in the provider's region,
- the number of patients who sign up for the program,
- the level of COPD experienced by the enrolled patients.

NOTE: Payments are made quarterly in April, July, October and January of the following year, for action taken during January to March, April to June, July to September, and October to December respectively.

8. Proposals

Proposals of varying size and scale are being sought through this process. Consortium bids will not be considered.

9. Contracting arrangements

Successful respondents will be required to enter into a Service Agreement with COORDINARE. The final agreement, however, will be subject to negotiation with shortlisted Respondents. Funding recipient will be required to use Inca software. This software program will provide most of the progress reports related to the agreed milestones.

10. Evaluation of submissions

Successful respondents will be selected through a competitive process. An evaluation panel will consider each submission against the criteria outlined below.

Criteria	Weighting
1. Outline your experience in delivering rehabilitation services, and the nature of the injury / illness for which the service was delivered.	35%
2. Demonstrate your willingness to under the necessary pulmonary rehabilitation training.	30%
3. Describe your ability to meet the minimum requirement of holding two one hourly group pulmonary rehabilitation sessions each week.	15%
4. Outlines times when you have had to assist patients with the completion of a Health-Related Quality of Life survey, and how this was achieved.	10%
5. Aboriginal cultural safety Provide a brief outline of what steps you are taking to ensure your service is safe and appropriate for Aboriginal and Torres Strait Islander people.	10%
Compliance and Eligibility	
1. Provide relevant and current accreditation certificate(s)	
2. Provide copies of required insurances <ul style="list-style-type: none"> • Public liability insurance: Certificate of currency - \$20 million per claim and in the aggregate of all claims • Professional indemnity insurance for the organisation: Certificate of currency - \$10 million per claim and in the aggregate of all claims. • Workers' compensation as required by the Law • Cyber Security – \$1 million per claim and in the aggregate of all claims (optional) 	
3. Include two (2) professional referees. Applicants who have previously received funding are not required to provide a referee.	

COORDINARE reserves the right to work with shortlisted bidders, to clarify and finetune proposals, and in some cases request revised proposals, prior to a contract being awarded.

11. Conditions of this Expression of Interest

Contract arrangements and conditions of this funding.

The successful respondent will be required to enter a Service Agreement with COORDINARE for the period of three-years for operation of the service, dependent on the proviso that the provider continues to meet the contractual requirements.

Although the final agreement and schedule will be subject to negotiation with the preferred respondent, it is assumed that the respondent is committed to and has the capacity to provide and deliver the full scope of activities they propose in their submission and in accordance with their proposed budget.

The successful respondent will carry out each activity in accordance with the agreement, which will include meeting milestones and other timeframes specified in the schedule and any agreed transition plan. Activities will be carried out diligently, efficiently, effectively and in good faith to a high standard to achieve the aims of the activity and to meet COORDINARE's objectives.

COORDINARE – SENSW PHN reserves the right to work with shortlisted respondents, to clarify and finetune proposals, and in some cases request revised proposals before a contract is awarded.

12. Issues or Complaints

The Respondent may, in good faith, raise with COORDINARE any issue or complaint about the EOI or EOI process, at any time via the commissioning mailbox. Email: commissioning@coordinare.org.au.

13. EOI General Terms and Conditions

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 anti-competitive, collusive, deceptive or misleading practices in structuring and submitting the proposal.
Acceptance	Non complying submissions may be rejected. COORDINARE may not accept the lowest priced proposal and may not accept any proposal.
Explanations	Verbal explanations or instructions given prior to acceptance of a proposal shall not bind COORDINARE.
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.
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.
ABN/Taxation requirements	COORDINARE will only deal with Respondents who have an Australian Business Number (ABN).
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.
Additional information	If additional information to that requested in this document is required by COORDINARE when proposals are being considered, written information and/or interviews may be requested to obtain such information at no cost to COORDINARE. COORDINARE may also provide additional information or clarification.
Process	COORDINARE reserves the right to withdraw from, or alter, the RFP/EOI process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.
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.
Part applications	COORDINARE reserves the right to accept applications in relation to some and not all of the scope of activity described, or contract with one, more than one or no Respondent on the basis of the proposals received.
Conflicts of interest	Respondents must declare to COORDINARE any matter or issue which is or may be 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.
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.
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
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.

No contract Nothing in this RFP/EOI should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this RFP/EOI 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.

14. Interpretation

Definition of key terms

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

Acronyms used in this document.

Acronym	Full form
ABN	Australian Business Number
COPD	Chronic Obstructive Pulmonary Disease
ED	Emergency Department
EOI	Expression of Interest
GP	General Practitioner
PHN	Primary Health Network
NSW	New South Wales
MBS	Medicare Benefits Schedule
SE NSW	South Eastern NSW

15. Payment Schedule

\$181 per COPD patient, referred to pulmonary rehabilitation by either a commissioned general practice or a hospital, who is enrolled and completes the full program.

Costs associated with the Lung Foundation Pulmonary Rehabilitation training will also be covered by the project.

Payments are made quarterly in April, July, October and January of the following year, for action taken during January to March, April to June, July to September, and October to December respectively.