



# Request for Proposal INVITATION

*“Building one world class health system for the Gold Coast”*

## Wound Management Pilot in Residential Aged Care Facilities

**Release Date**

29 March 2021

**Closing Date and Time**

27 April 2021 5.00pm (AEST)

**Enquiries to**

[commissioning@gcphn.com.au](mailto:commissioning@gcphn.com.au)

**Responses to**

[commissioning@gcphn.com.au](mailto:commissioning@gcphn.com.au)

Procurement Activity ID: PAD-20

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## Section 1 – Introduction

### 1.0 Introduction

Primary Care Gold Coast Limited (trading as Gold Coast Primary Health Network [GCPHN]) is seeking responses to this Request for Proposal (RFP) from eligible organisations to provide wound management services (the Services) for people in Residential Aged Care Facilities (RACFs) within the GCPHN region.

The following service components form the basis of this RFP and are priority areas that were identified through our co-design process. These are important to the Gold Coast community and are requirements in your proposed service response to meet the needs of residents in RACFs with chronic and complex wounds. While we don't intend to prescribe how these service components should be delivered, they are required elements that we believe will support achieving the outcomes that matter in people's lives.

The service components include:

1. Service information, referral pathways, triage and intake for access to wound management services for residents of RACFs.
2. Provision of wound management services for residents in RACFs.
3. Provision of on-site training, education and mentoring for RACF staff to embed best practice within RACFs.
4. Strengthen multidisciplinary care within RACFs working closely with the resident's General Practitioners (GPs), Gold Coast Health Specialist Services and facility staff resulting in improved capability within RACFs to support resident's wounds management requirements.

All models are required to have a strong evidence base, demonstrate robust clinical governance mechanisms and relevant industry experience. This will be assessed in evaluating submissions. Whilst GCPHN is looking for innovative solutions to securing outcomes, a strong evidence base will provide the confidence we need that the approaches will make a difference in the lives of those being supported. It is this confidence that will be critical to the evaluation of proposals.

This RFP provides a framework for you to develop service solutions for the needs of residents in RACFs. This includes how you plan to manage the establishment and implementation of the of the service. The current end date of the Service is currently 30 June 2022, but this may possibly extend for an additional 12 months pending approval from the Department of Health within the same funding allocation.

Consideration should be given to how your model will ensure equity of access across the region and manage service demand and prioritisation to ensure the people with the greatest need gain timely access to the service.

The purpose of this RFP is to assess the ability of applicants to provide the Services as specified in this document. An overview of GCPHN requirements in relation to this RFP is set out in *Section 2 – Service Solutions* of this invitation.

This document provides applicant/s with advice and guidance about submitting a proposal. Applicant/s are advised to carefully review the instructions and assessment criteria prior to submitting a proposal and budget.

### 1.1 Primary Health Networks

There are 31 Primary Health Networks (PHNs) covering the whole of Australia. PHNs are funded by the Australian Government and became operational from 1 July 2015. PHNs have been established to increase the efficiency and effectiveness of medical services for the community, particularly for those at risk of poor health outcomes; and to improve coordination of care to ensure people receive the right care in the right place at the right time, by the right person.

PHNs are part of the ongoing reform to Australia's health care system. The work of PHNs involves coordinating the health care that takes place outside of a hospital; referred to as primary health care. Primary health care is usually the first point of contact that people have with the health system. Primary health care can be provided through General Practice, allied health services, community health services, aged care, mental health services, an Aboriginal and Torres Strait Islander health service and/or community based non-government organisations.

## 1.2 Gold Coast Primary Health Network

### Our Strategic Vision

*'Building one world class health system for the Gold Coast.'*

### Our Strategic Goals

1. Improve coordination of care to ensure consumers receive the right care at the right place at the right time, by the right person.
2. Increase efficiency and effectiveness of health services for consumers particularly those at risk of poor outcomes.
3. Engage and support General Practice and other stakeholders to facilitate improvements in our local health system.
4. Be a high performing, efficient and accountable organisation.

## 1.3 General overview of the Service required

GCPHN is seeking to improve outcomes for people with chronic and complex wounds who are living in RACFs. This will be achieved through a nurse led, in reach program that will provide access to specialist wound advice and mentoring that supports the effective assessment, care plan development and management for these patients in their usual place of residence, the RACF, thus reducing the requirement to transfer residents to hospital for additional clinical interventions.

GCPHN requires the provider to:

- Develop service delivery model in partnership with industry expert group.
- Develop patient-centred wound assessment and management plans.
- Coordinate care across the usual GP, RACF staff and other treating clinicians including a local GP with special interest in wound care and hospital specialist services.
- On-site mentoring and coaching of staff to embed best practice within the specific RACF environment.
- Support via telephone and secure electronic messaging.
- Development of a local care pathway, standardised guidelines, information and resources.

### Workforce

The provider is expected to ensure an appropriate mix of qualified staff are engaged to competently deliver the required services, with consideration both to formal qualifications and professional experience. Services must be informed by evidence-based interventions and provided by a suitably skilled and qualified multi-disciplinary team working within their scope of practice, matched to the needs of those accessing the services. The provider must maintain evidence of current qualifications and experience of employed or contracted staff who are delivering services. Preference will be given to those bidders who have a Nurse Practitioner in Wound Care.

The provider is expected to identify, recruit, and retain an appropriately skilled and adaptable workforce. The provider will be expected to leverage and effectively utilise the existing and available workforce and develop local service capability as a priority.

Applicants will be required to demonstrate evidence of cultural competency in relation to working with Aboriginal and Torres Strait Islander people, CALD and Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) population.

## 1.4 Eligibility criteria

GCPHN welcomes applications from all eligible organisations who can provide all service components.

Eligible organisations must be a viable legal entity as defined by the Australian Tax Office:

- Association Incorporated
- Proprietary Limited (Pty Ltd)
- Public Company limited by guarantee
- Public Company limited by shares
- Indigenous Corporation
- Partnership
- Other incorporated entities

Eligible organisations must have and provide evidence of:

- Legal identity with an ABN
- Public Liability Insurance – Certificate of Currency (minimum \$20 million per claim)  
Professional Indemnity Insurance – Certificate of Currency (minimum of \$10 million per claim)
- WorkCover – Certificate of Currency (*if applicable*)
- Other certifications and insurances as appropriate to the nature of the services (eg working with children, volunteer insurance)
- List of accountable, legally-assigned office bearers, including names and position titles (eg directors, executive officer and company secretary)
- Financial viability: Annual Report, profit and loss statement, last year's financial statements, audited if available, or provide such other information as may be requested by GCPHN

## Section 2 – Service Solutions

### Outcome Sought

#### 2.1 Background

In December 2019 Primary Health Networks were invited by the Commonwealth Government to submit a tender application to participate in a wound management pilot grant opportunity. Gold Coast Primary Health Network application was informed by the GCPHN needs assessment and learnings from previous projects including wound management education and training programs and the Gold Coast Integrated Care program.

Despite substantial avoidable costs to the healthcare system, chronic wounds are an under-recognised issue in Australia. One reason is that chronic wounds are often considered complications of other comorbid conditions or a normal part of aging. Locally, the burden of chronic wounds is associated with significant health needs and continues to be formally identified as a priority issue in the 2019/2020 GCPHN Needs Assessment submitted to the Department of Health with particular reference to cellulitis and potentially preventable hospitalisations.

Key findings from the Gold Coast region needs assessment.

- In 2017-18, the total number of potentially preventable hospitalisations (PPH) for cellulitis was 1,848 - an **increase** of 14% from 2013-14<sup>2</sup>.
- The rate of PPH for cellulitis of 281 per 100,000 people (age-standardised) was **higher** than the national average of 258<sup>2</sup>.
- Amongst people aged 65 years or older, the rate of PPH for cellulitis of 762 per 100,000 was **higher** than the national average of 747<sup>2</sup>.
- Amongst people aged under 65, the rate of PPH for cellulitis was 216 per 100,000, which is **higher** than the national average of 194<sup>2</sup>.
- In 2017-18, the total number of PPH bed days for cellulitis was 6,229<sup>2</sup>.
- From January 2018 to December 2019, 470 individuals were **transported from Residential Aged Care Facilities** to Gold Coast Public Hospital Emergency Departments for wound management. There were 304 presentations for cellulitis, 52 for skin ulcers, 35 for deep venous thrombosis and 27 for tears of skin<sup>3</sup>.

A review of local wound care delivery in 2017 identified significant skills and knowledge gaps within and outside the Gold Coast Hospital and Health Service (GCHHS). These gaps lead to increased pressure on current wound services because of inappropriate referrals, increased length of hospital admissions and significant costs.

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<sup>1</sup> [Solutions to the Chronic Wounds problem in Australia: A Call To Action](#)

<sup>2</sup> AIHW (Australian Institute of Health and Welfare) 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18. Cat. No. HPF 36. Canberra: AIHW.

<sup>3</sup> Gold Coast Health Emergency Department Presentations from Residential Aged Care Facilities, 2017-2018

## 2.2 The opportunity

GCPHN is seeking innovative service models for the delivery of evidence-based, nurse-led wound care team, working with the resident's usual General Practitioner, who will retain clinical governance, to meet the diverse needs of residents living in RACFs with wounds across the GCPHN region. The implementation phase will be a minimum of 12 months with the potential option for extension for a further 12 months dependent on the approach to implementation of the service model and approval by the Department of Health.

The successful applicant will be required to provide an implementation plan outlining how the service will be implemented. It is expected that the application will include how you plan to manage service demand and prioritisation of referrals to ensure the people with the greatest need gain timely access to the service

GCPHN encourages flexible models of delivery that increases access to wound care for residents, such as building capacity of RACFs services to identify appropriate residents, utilise digital health options, and increase workforce capability where possible. The service model should build on learnings from the outcomes of the co-design processes to date.

This RFP provides a framework for you to develop service solutions to achieve the outcomes identified in 2.3. All models are required to have a strong evidence base, demonstrate robust clinical governance mechanisms and relevant industry experience; all of which will be assessed in evaluating submissions.

## 2.3 Key objectives

GCPHN is working towards outcomes-based commissioning, which is values driven approach that aligns incentives to the coordinated delivery of outcomes for service users. This approach supports greater innovation, shifting from a prescriptive approach to procurement in which the PHN details how providers are required to deliver services (the how), to one that focuses on the desired outcome of the work to be performed (the what). This places the needs and outcomes of the consumer at the core of a service response. We require you as service providers to determine how you will provide services to achieve the outcomes detailed in this document. This means that a collaborative process is required between the successful provider and GCPHN so that each party can be confident in the service that will be commissioned.

Applicants are encouraged to consider how the service model will support an environment that reduces barriers to treatment, improve residents' outcomes and builds the confidence and capability of the RACF staff to support and treat residents with chronic and complex wounds. We know that there is no 'one size fits all' approach when providing services for people living with wounds, particularly those in residential aged care facilities and believe that the service model required will be one that:

- Is person centred
- Increases access and engagement in specialist wound care services
- Ensures collaborative multidisciplinary care between services provider, RACF services, GPs and other services
- Builds capacity of RACF service staff to identify, treat, support and refer people that would benefit from the service.

The service aims to meet a significant gap in service delivery for older people living in RACFs who are living with chronic and complex wounds. Key objectives of the service are;

- Improve health outcomes, reduce healing times and increase quality of life for residents living with complex or chronic wound including:
  - Reduce potentially preventable hospitalisations.
  - Improve access to specialist's support and wound care.
  - Provide flexible treatment to meet the needs of residents with chronic and complex wounds
  - Reduce barriers to accessing specialist wound care services and ensure equity of access across the Gold Coast region.

- Increase the wound management knowledge, skills and confidence gap of around 80-100 RACF staff.
- Develop a localised care pathway.
- Improve accuracy and reliability of clinical documentation.

## 2.4 Service components

The following table outlines the service components and the requirements required under each component.

|          | Scope statement   | Deliverables  |
|----------|---|---|
| <b>1</b> | <b>Patient Centred Care</b>   |   |
| 1.1      | Provision of wound management services for residents in Residential Aged Care Facilities.   | Assessment and support the development of individualised management plans that support the care of RACF residents living with chronic and complex wounds within RACFs.  |
| 1.2      | Coordination of care across usual GP, RACF staff and other treating clinicians including a local GP with special interest in wound care and hospital specialist services. | This Service is required to work collaboratively with the GP that attends the RACF, RACF staff and other members of the resident's multidisciplinary team to ensure a comprehensive care plan is in place that supports transition/referral of residents to other services as appropriate.<br>This Service is required to build capacity within the RACF through this work to enable early identification of eligible residents, response and referral, support for RACF staff and GP in the treatment of wounds. |
| 1.3      | Quality of Life activities.   | Develop evaluation tools to support quality improvement.  |
| <b>2</b> | <b>Learning and training</b>  |   |
| 2.1      | On-site mentoring and coaching to embed best practice within the specific RACF environment.   | Delivery of education and training sessions and supporting staffing through mentoring and coaching wound care for individual clients  |
| 2.2      | Support via telephone and secure electronic messaging.  | Ensure RACF staff have access to the appropriate level of support required to support patients living with chronic and complex wounds within RACFs.   |
| <b>3</b> | <b>Service design and planning</b>  |   |
| 3.1      | Development/adaptation of a local care pathway.   | Schedule meeting(s) with stakeholders including General practice, Wounds Australia, Gold Coast Health, RACFs/NGOs to identify needs and develop the content for a local care pathway.   |
| 3.2      | Development/adaptation of standardised guidelines, information and resources.   | Schedule meeting(s) with stakeholders including General practice, Wounds Australia, Gold Coast Health, RACFs/NGOs to identify needs and develop standardised guidelines, information and resources.   |
| 3.3      | Develop service specifications.   | Work in partnership with GCPHN to develop service specifications including data collection, referral processes and reporting templates.   |



## Section 3 – Schedule of Fees and Payment

### 3.1 Funding

Bidders are asked to provide their market assessment of the pricing for this service. The maximum funding available for the length of the activity is \$517,764. GCPHN Deed with the Commonwealth for this Service conclude on 30 June 2022 but discussions are occurring to extend for an additional 12 months to 30 June 2023. On this basis we are asking to provide your Service Model and budget based on utilisation of the total funds over both a 12 month and a 24-month period GCPHN preference would be for the Service to operate for two years but that is pending approval from the Department of Health. The total budget available for both options is \$517,764.

#### Scenario one – Funding Available for up to 12 months

| GCPHN                              | 2020/21             | 2021/22                         | Total     |
|------------------------------------|---------------------|---------------------------------|-----------|
| Wound management services in RACFs | Establishment Costs | Service Delivery Costs (1 year) | \$517,764 |

#### Scenario two – Funding Available for up to 24 months

| GCPHN                              | 2020/21             | 2021/22   | 2022/23                                       | Total     |
|------------------------------------|---------------------|---|---|-----------|
| Wound management services in RACFs | Establishment Costs | Service Delivery Costs – (1 <sup>st</sup> year) | Service Delivery Costs (2 <sup>nd</sup> Year) | \$517,764 |

Bidders will need to include their budgeting and demonstrate ability to provide all requested deliverables, within their response pricing model. Establishment cost can be included in the budget for a period to 30 June 2021.

Schedule of proposed fees, equipment cost and incidentals (if applicable) to be provided with the response as an Appendix. The budget template example provided (See Appendix 3) must detail the estimated costs.

#### Service establishment

GCPHN appreciates that the timeframe for the implementation of Service by 1 July 2021 is short. You are required to submit an implementation plan outlining your approach to establishing and growing the Service over the term of the Service Agreement. The implementation plan should outline your approach to establishing and building the service to capacity including but not limited to marketing and communications, clinical governance, workforce development and quality assurance mechanisms.

GCPHN wants to ensure the greatest proportion of the funding is allocated to the provision of wound management services. Providers are required to detail within their implementation plans their strategies and timelines to achieve this goal.

Providers will need to outline the implementation plan activities and timeline as part of their application.

## Section 4 – Selection Process & Criteria

### 4.1 Selection Process

The assessment process will be completed by a Selection Panel using the full selection criteria identified in 4.2 Selection Criteria. The Selection Panel will make recommendations on preferred providers to the GCPHN Chief Executive Officer, who will make the final decision.

Members of the Selection Panel will be required read and understand the GCPHN Conflict of Interest Procedure ([Click here for access](#)) and disclose any actual, potential, perceived (pecuniary or non-pecuniary) conflict of interest. If a conflict of interest is identified the member will complete, sign and submit a Conflict-of-Interest Form to disclose all the information relating to the conflict and set out the steps the member proposes to take to resolve, or otherwise deal with the conflict. Members will also sign a Confidentiality Agreement.

### 4.2 Selection Criteria

The Selection Panel will accept only complete responses, submitted on the Response Form at (Appendix 2), which will be assessed against the following criteria.

| SELECTION CRITERIA  | WEIGHTING %       |
|---|-------------------|
| <p><b>Organisational Capability</b></p> <ul style="list-style-type: none"> <li>• Demonstrated experience and clinical expertise in working in chronic and complex wound care and within residential aged care facilities.</li> <li>• Demonstrated experience and examples in implementing new services within short timelines.</li> <li>• Outline your establishment and implementation plan including key deliverables and timelines.</li> </ul>   | <p><b>30%</b></p> |
| <p><b>Innovative Service Delivery Model</b></p> <p>Outline your service delivery model which is evidence-based and appropriate to deliver specialist wound services for residents in residential aged care. Your model should:</p> <ul style="list-style-type: none"> <li>• Demonstrate ability to engage consumers, carers and family in the planning and delivery of services and outcomes that matter to consumers.</li> <li>• Outline your service delivery model for the following components detailing your experience in providing the various aspects of the Service and your proposed evidence - based approaches that will be implemented within this service.                             <ul style="list-style-type: none"> <li>○ Service Information and Referral Pathways</li> <li>○ Intake and Triage</li> <li>○ Specialist Wound Management Services</li> <li>○ Strengthening multidisciplinary team working</li> </ul> </li> <li>• Outline your staffing profile, including level of competency, experience, and expertise of staff in wound management</li> <li>• Demonstrate capacity to support mentoring and coaching for wound care</li> <li>• Demonstrate capacity to operationalise a multidisciplinary approach to ensure coordinated and integrated care</li> </ul> | <p><b>50%</b></p> |

|  |            |
|--|------------|
| <ul style="list-style-type: none"> <li>• Demonstrate strategies to manage the timely response to referral and demand management to ensure equitable and prompt access for residents</li> <li>• Demonstrated experience and evidence in meeting reporting of Key deliverables including capability to collect, manage and report client outcome data</li> <li>• Demonstrated ability to effectively manage complex partnerships</li> <li>• Demonstrated experience engaging/working with the broader health care system to deliver outcomes that matter to consumers and support sustainable service reform.</li> </ul> |            |
| <p><b>Value for money</b></p> <ul style="list-style-type: none"> <li>• Demonstrate value for money by estimating the number of resident’s and occasions of service to be delivered</li> <li>• Demonstrate costing and pricing methodology for the Service, including line-item budgets.</li> <li>• Demonstrate how the model will contribute to the sustainability of wound management skills across RACF and GP services once the Service concludes.</li> </ul>   | <b>20%</b> |

## Score Rating

The following score rating will be used during the assessment of responses by the Selection Panel:

| Score | Description                 | Full Description   |
|-------|-----------------------------|--|
| 5     | Superior                    | Full achievement of the requirements specified in the RFP for that criterion. Demonstrated strengths, few errors, weaknesses or omissions.   |
| 4     | Good                        | Good achievement of the requirements specified in the RFP for that criterion. Some errors, risks, weaknesses or omissions, which can be corrected/overcome with minimum effort.                |
| 3     | Adequate                    | Satisfactory achievement of the requirements specified in the RFP for that criterion. Some errors, risks, weaknesses or omissions, which are possible to correct/overcome and make acceptable. |
| 2     | Poor to inadequate          | No to minimal achievement of the requirements specified in the RFP for that criterion.   |
| 1     | Not addressed/ Unacceptable | Totally deficient and non-compliant for that criterion.  |

### 4.3 Next stage of the RFP process

After evaluating all responses, GCPHN may without limiting other options available to it, do any of the following:

- prepare a short list of bidders
- conduct a subsequent procurement process calling for the goods and/or services or any similar related goods and/or services
- enter into pre-contractual negotiations with one or more bidder
- decide not to proceed further with the RFP process or any other procurement process for the goods and/or services; or

- commence a new process for calling for bidder responses on a similar or different basis to that outlined in the original invitation.

Following the above assessment process the successful bidders will be notified and service agreement negotiations will commence.

## APPENDIX 1

### Conditions of the RFP Invitation

#### 1 RFP Details

| Activity  | Date   |
|---|--|
| Invitation released to market                           | 29 March 2021                                |
| End of period for questions or requests for information | 22 April 2021 5.00pm AEST                    |
| Closing Date and Time                                   | 27 April 2021 5.00pm AEST                    |
| Selection process to be completed                       | 20 May 2021 Panel Decision (indicative only) |
| Contract preparation                                    | 27 May 2021 (indicative only)                |
| Contract execution                                      | 3 June 2021 (indicative only)                |
| Service to commence                                     | 1 July 2021 (indicative only)                |

#### 2 RFP Documents

All RFP documents will be available on our website [\(Click here to access\)](#)

All bidders are required to familiarise themselves with these documents, including the Service Agreement Terms and Conditions prior to submitting a response. Please note that the Service Agreement Terms and Conditions may vary prior to agreement execution and bidders will be advised of any changes.

Documents for this RFP process include the:

- Invitation RFP
- GCPHN Service Agreement Terms & Conditions
- All associated appendices mentioned within this invitation

Bidders must ensure that:

- The RFP is presented in the required format as set out in the RFP Response Form;
- All the information fields in the RFP Response Form are completed and contain the information requested, and;
- All attachments are included with the Response and must not exceed 10MB in total.

Elaborate responses or other presentations beyond what is sufficient to present a complete and effective Response are not desired nor required.

### 3 Communication during the RFP Process

All enquiries in relation to this RFP must be in writing, via email and should be directed to Christine Ash at [christinea@gcphn.com.au](mailto:christinea@gcphn.com.au) before the end of period for questions or requests for information listed at specified closing date.

All individual emails will be acknowledged and provided with a timely response. In the interest of probity and equity, all questions and responses provided during the discussion will be generalised, sent for approval and added to the Questions and Answers ([Click here to access](#)) for all bidders to view.

### 4 Commonly asked questions and answers

In the interests of providing valuable information to as many people as possible, common questions and their answers (without identifying who submitted the question) will be made available on our website ([Click here to access](#)). It is incumbent upon bidders to keep themselves informed of the responses to questions.

### 5 Confidentiality

RFP responses and all information provided as part of the documentation, will be treated as 'Commercial in Confidence' by GCPHN and GCPHN will not disclose RFP contents and information, except:

- as required by law
- for the purpose of investigations by government authorities having relevant jurisdiction
- to external consultants and advisers of GCPHN engaged to assist with the RFP process.

### 6 GCPHN's Rights & Responsibilities

GCPHN may:

- Change the RFP date, time or timeframes of this RFP by giving notice;
- Re-advertise for responses;
- Waive any minor irregularities or informalities in the RFP process;
- Accept or reject non-conforming responses;
- Suspend or cancel all or any part of the RFP by giving notice;
- Amend the RFP or any associated documents by giving notice, to all or any prospective registered bidders;
- Separately award contracts for all or part of any divisible elements of any proposal;
- Negotiate with any bidder to the exclusion of, and without notice to, other bidders without the need to re-propose or submit altered RFP documents to all bidders;
- Negotiate components of each response across a number of responses, to negotiate partnership arrangements when appropriate;
- Vary the products and/or services prior to entering into a contract with the preferred respondent;
- GCPHN will issue notice, where stipulated above, via our website ([Click here to access](#))

### 7 Conflict of Interest

The Individual/organisation will fully declare all commitments and working relationships or other relationships, which may conflict with the interest or business of GCPHN or reflect adversely on its business or public reputation. All conflicts of interest, whether actual, potential, perceived (pecuniary or non-pecuniary) must be declared.

Please refer to **GCPHN Conflict of Interest Procedure** and **Conflict of Interest Form**, by clicking on this link ([Click here for access](#)).

The Individual/Organisation is responsible for reading and understanding the associated conflict of interest documentation.

If a conflict of interest is identified, a written disclosure using the Conflict-of-Interest Form, must be made as part of this response. The completed form should be submitted to [hr@gcphn.com.au](mailto:hr@gcphn.com.au) and must disclose all the information relating to the conflict and set out the steps the organisation proposes to take to resolve or otherwise deal with the conflict.

## 8 Preferred Provider

GCPHN may identify a bidder as a preferred provider for the panel, but such a selection:

- is not a representation that a contract will be entered into between GCPHN and the bidder, and;
- does not preclude the possibility that any other bidder has also been selected as a preferred provider.

## 9 Notice of Outcome

Bidders will be notified of the outcome of their response, in writing via email, upon a decision being made by GCPHN.

Responses will remain valid for a period of three calendar months following the closing date of this RFP. Any response not accepted on or before that date shall lapse unless extended by mutual agreement. GCPHN is under no obligation to check any responses for errors and GCPHN will rely on the information provided by bidders as being accurate.

## 10 No contract

GCPHN is under no obligation to negotiate on or accept any responses submitted. Bidders should note that negotiations to the point of execution of a written contract are negotiations only, whether verbal or in writing, and are not binding until execution of the written contract.

## 11 Alterations, Erasures, Additional Information

If the bidder becomes aware of any discrepancy, error or omission in the Response after lodgement and wishes to lodge a correction or additional material, that correction or additional material must be in writing and lodged in accordance with the Instructions to Bidders listed within the Response Form, prior to the Response closing time.

Any corrections or additional information provided by the bidder after the Response closing time will be regarded as late and will not be considered for assessment.

## 12 Withdrawal of Response

A bidder who wishes to withdraw a previously submitted response must immediately notify GCPHN of the fact. Upon receipt of such notification, GCPHN will cease to consider the response.

## 13 Assessment of RFP

The bidder will be taken to agree and comply with all parts of the RFP unless the bidder provides detail of the extent of and reasons for any noncompliance. Bidders that do not meet the essential requirements or satisfy a condition of participation will be automatically excluded from consideration.

GCPHN will exclude a Response from further consideration if it considers that the response does not comply with all essential requirements. Those shortlisted will then be reviewed against the selection criteria. Not all shortlisted bidders will necessarily be selected.

## APPENDIX 2

### Response Form

#### 1 Instructions to Bidders

Before you begin, please read this document in its entirety, paying particular attention to the Service Solutions, the Selection Criteria and Conditions of the RFP.

Bidders must complete all relevant sections of the Response Form, including the declaration.

Please lodge your RFP Response electronically to [commissioning@gcphn.com.au](mailto:commissioning@gcphn.com.au) no later than **5.00pm (AEST), 27 April 2021**, submitting the RFP Response along with any attachments (not to exceed 10MB in total). GCPHN will not consider a Response received after 5.00pm on the closing date.

Responses lodged by any other means, including by mail or facsimile, will not be considered.

Enquiries in relation to this RFP should be directed to Christine Ash, Program Coordinator - Primary Health Care, Gold Coast Primary Health Network via [christinea@gcphn.com.au](mailto:christinea@gcphn.com.au).

#### 2 Compliance Statement

*[Bidder is only to complete this section for instances of non-compliance or partial compliance]*

*As part of the bidder's response to this Invitation, the bidder is required to demonstrate their compliance with 1.4 Eligibility Criteria. Where the bidder will not comply or will only partially comply, the bidder must cross reference the specific criterion and state either will not comply or partially comply in their Response.*

#### 3 About Your Organisation

|   |   |
|---|---|
| <b>Legal Entity Name</b>                |   |
| <b>Trading/Business Name</b>            |   |
| <b>Date Business Commenced</b>          |   |
| <b>Australian Company Number (ACN)</b>  |   |
| <b>Australian Business Number (ABN)</b> |   |
| <b>Entity type</b>                      | Association Incorporated<br>Proprietary Limited (Pty Ltd) <b>(delete as appropriate)</b><br>Public Company limited by guarantee |



|   |   |
|---|---|
|   | Public Company limited by shares<br>Indigenous Corporation<br>Partnership<br>Other incorporated entities (please specify) |
| <b>Business Physical Address</b>                            |   |
| <b>Business Mailing Address<br/>(if different to above)</b> |   |
| <b>Phone</b>  |   |
| <b>Email</b>  |   |
| <b>Website (if applicable)</b>                              |   |

#### 4 Contact Details for RFP

|                       | Preferred Contact | Alternative Contact |
|-----------------------|-------------------|---------------------|
| <b>Name</b>           |                   |                     |
| <b>Position</b>       |                   |                     |
| <b>Postal address</b> |                   |                     |
| <b>Phone</b>          |                   |                     |
| <b>Email</b>          |                   |                     |

#### 5 Service Description

##### Organisations Experience and Expertise

Describe your organisations experience and expertise on the following.

- Specialist wound care management
- Working within residential aged care facilities
- Engaging general practices and other service providers included in resident’s multidisciplinary care
- Project managing the implementation of new services within short timelines

**Submit your implementation plan including key deliverables and timeline**

*(enter your response here - 500 word limit)*

##### The Service Model

Outline your description of the Services - please ensure you include the following detail:

- Ability to engage consumers, carers and family in the planning and delivery of services
- Your service delivery model for the following components.

|  |
|--|
| <ul style="list-style-type: none"> <li>○ Service Information and Referral Pathways</li> <li>○ Intake and Triage</li> <li>○ Specialist Wound Management Services including detail of evidence-based approaches</li> <li>○ Strengthening multidisciplinary team effectiveness</li> <li>● Staffing profile, including level of competency, experience and expertise of staff</li> <li>● Demonstrate capacity to support mentoring and coaching for wound care</li> <li>● Working within a multidisciplinary approach to ensure coordinated and integrated care</li> <li>● Referral process and demand management strategies</li> <li>● Demonstrated experience and evidence in meeting reporting of Key deliverables including capability to collect, manage and report client outcome data</li> <li>● Key stakeholders that will need to engage to ensure successful outcomes. Your organisations existing linkages or approach to engaging these stakeholders.</li> </ul> |
| <p><i>(enter your response here - 500 word limit)</i></p>  |

## Budget Template

Please submit a budget using the budget template at Attachment 3.

## 6 Due diligence

### 6.1 Insurance

Please provide a copy of certificates for public liability of \$20 million per event and professional indemnity of \$10 million per event, professional indemnity, and Workcover *(if applicable)*.

| Public Liability  |  |               |  |
|-------------------|--|---------------|--|
| Insurance company |  | Policy number |  |
| Amount \$         |  | Expiry date   |  |

| Professional Indemnity |  |               |  |
|------------------------|--|---------------|--|
| Insurance company      |  | Policy number |  |
| Amount \$              |  | Expiry date   |  |

| Work Cover <i>(if applicable)</i> |  |               |  |
|-----------------------------------|--|---------------|--|
| Insurance company                 |  | Policy number |  |
| Expiry date                       |  |               |  |

### 6.2 Quality Standards and Certification

There are currently sets of core standards and clinical standards which are endorsed and accepted by GCPHN. If your organisation is formally accredited against any of the following standards, please indicate by checking the applicable box next to the name of the standard and provide a copy of your Certification and any associated reports as part of your Response.

## Core Standards

| Name of GCPHN Accepted Standard   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Human Services Quality Standards                     | <b>Expiry date of certification</b> |  |
| <input type="checkbox"/> Quality Improvement and Community Services Standards | <b>Expiry date of certification</b> |  |

## Clinical Standards

| Name of GCPHN Accepted Standard   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Royal Australian College of General Practice Standards | <b>Expiry date of certification</b> |  |
| <input type="checkbox"/> National Safety and Quality Health Service Standards   | <b>Expiry date of certification</b> |  |

If your organisation is formally accredited against any other Quality System, please list your quality certifications below and provide a copy of your quality certification as part of your Response.

| Quality System                         |  |                                     |  |
|--|--|-------------------------------------|--|
| <b>Name of Standard/Quality System</b> |  | <b>Expiry date of certification</b> |  |
| <b>Name of Standard/Quality System</b> |  | <b>Expiry date of certification</b> |  |
| <b>Name of Standard/Quality System</b> |  | <b>Expiry date of certification</b> |  |

### 6.3 Your Reconciliation Action Plan status

GCPHN has a Reconciliation Action Plan (RAP) for our Workplace to work toward meeting our vision below.

GCPHN's vision for reconciliation is for an inclusive Australian community, which:

- acknowledges the impacts of our history
- values Aboriginal and Torres Strait Islander and non-Indigenous cultures, rights and experiences
- builds respectful and trusted relationships between all Australians
- contributes to a strong shared national culture of compassion and connection.

The Gold Coast Primary Health Network acknowledges the importance of reconciliation in building one world class health system for people living in the Yugambah Language Region of South East Queensland. We aim to embed cultural understanding into our internal and external activities, striving for equal health, social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples through a culturally informed, welcoming and proud environment.

GCPHN would be interested to understand if your organisation currently has a RAP in place or is working toward a RAP with Reconciliation Australia. Please tick one of the boxes below to indicate your current status. Should you wish to find out more about a RAP [Click here for access](#)

|  |  |   |
|--|--|---|
| Yes, our organisation has a RAP in place with Reconciliation Australia | Yes, our organisation is currently working on the development of our RAP with Reconciliation Australia | Our organisation does not currently have a RAP in place with Reconciliation Australia |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |

## 6.4 Referees

Please identify three Referees who can be contacted to support your Response, can you please submit with your application a letter of support for this RFP from two of your referees.

|                     | Referee 1 | Referee 2 | Referee 3 |
|---------------------|-----------|-----------|-----------|
| <b>Name</b>         |           |           |           |
| <b>Position</b>     |           |           |           |
| <b>Organisation</b> |           |           |           |
| <b>Phone</b>        |           |           |           |
| <b>Email</b>        |           |           |           |
| <b>Relationship</b> |           |           |           |

## 6.5 Declaration

Please read and sign the following declaration:

- I have read and accept the Conditions of the RFP Invitation outlined in Appendix 1.
- I declare that the organisation is financially viable and able to provide the Service.
- I declare that all information provided in this Response is true and correct.
- I declare that the organisation has capacity to comply with GCPHN Service Agreement.
- I understand and accept that information provided in this Response will be stored by Gold Coast Primary Health Network in various formats including hard copy and/or electronic storage.
- I have read and understood the GCPHN Conflict of Interest Procedure and if a conflict of interest was identified, I have completed and submitted the Conflict-of-Interest form to [hr@gcphn.com.au](mailto:hr@gcphn.com.au)

I have supplied all the following Response requirements and supporting documentation:

- A completed Response Form (including 2 letters of support from nominated referees)
- Evidence of legal entity status (eg. Certificate of Incorporation)
- Evidence of current Public Liability Insurance (eg. Certificate of Currency)
- Evidence of current Professional Indemnity Insurance (eg. Certificate of Currency)
- Evidence of Workers Compensation Insurance (if applicable)
- Evidence of Quality Certification (if applicable)
- Other certifications and insurances as appropriate to the nature of the services (eg working with children, volunteer insurance)
- Evidence that the organisation is financially viable (Annual Report, profit and loss statement, last year's financial statements, audited if available, or provide such other information as may be requested by GCPHN)
- List of accountable, legally assigned office bearers, including names and position titles (eg directors, executive officer and company secretary)

**Signed by authorised organisation representative**

**Signature**

---

**Name**

---

**Position**

---

**Date**

---

*Thank you for taking the time to complete this Response Form.*

## APPENDIX 3

### Budget template

GOLD COAST PRIMARY HEALTH NETWORK

**QUARTERLY FINANCIAL BUDGET AND REPORTING TEMPLATE - WOUND MANAGEMENT PILOT**

Note: Please submit the budget in the yellow highlighted cells, and ensure this is submitted to GCPHN in this Excel format and as a file and not a PDF. Thank you

REPORTING PERIOD: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_

|   | ANNUAL BUDGET | FTE | ACTUALS |         |         |         | YTD ACTUAL | VARIANCE TO BUDGET |
|---|---------------|-----|---------|---------|---------|---------|------------|--------------------|
|   |               |     | Jul-Sep | Oct-Dec | Jan-Mar | Apr-Jun | TOTAL      |                    |
| <b>FUNDING</b>  |               |     |         |         |         |         |            |                    |
| GCPHN   |               |     |         |         |         |         | 0          | 0                  |
| <b>TOTAL FUNDING</b>  | 0             |     | 0       | 0       | 0       | 0       | 0          | 0                  |
| <b>EXPENSES</b>   |               |     |         |         |         |         |            |                    |
| <b>DIRECT OPERATING EXPENSES</b>  |               |     |         |         |         |         |            |                    |
| <b>Employment Expenses</b>  |               |     |         |         |         |         |            |                    |
| Salaries & superannuation - please specify positions -                      |               |     |         |         |         |         |            |                    |
| Position 1  |               |     |         |         |         |         | 0          | 0                  |
| Position 2  |               |     |         |         |         |         | 0          | 0                  |
| Position 3  |               |     |         |         |         |         | 0          | 0                  |
| Other employment expenses - please specify -                                |               |     |         |         |         |         | 0          | 0                  |
| <b>Total Employment Expenses</b>  | 0             |     | 0       | 0       | 0       | 0       | 0          | 0                  |
| <b>Travel Expenses</b>  |               |     |         |         |         |         |            |                    |
| Car allowance (\$0.72/km)   |               |     |         |         |         |         | 0          | 0                  |
| Other travel - please specify   |               |     |         |         |         |         | 0          | 0                  |
| <b>Total Travel Expenses</b>  | 0             |     | 0       | 0       | 0       | 0       | 0          | 0                  |
| <b>Other Expenses</b>   |               |     |         |         |         |         |            |                    |
| Equipment purchases - Laptop, mobile etc                                    |               |     |         |         |         |         | 0          | 0                  |
| SilhouetteStar camera, software licence, online training, support, warranty |               |     |         |         |         |         | 0          | 0                  |
| Monthly phone/internet costs, ICT support                                   |               |     |         |         |         |         | 0          | 0                  |
| Resources   |               |     |         |         |         |         | 0          | 0                  |
| Other - please specify  |               |     |         |         |         |         | 0          | 0                  |
| <b>Total Other Direct Expenses</b>  | 0             |     | 0       | 0       | 0       | 0       | 0          | 0                  |
| <b>TOTAL DIRECT EXPENSES</b>  | 0             |     | 0       | 0       | 0       | 0       | 0          | 0                  |
| <b>Administration &amp; Overhead Expenses</b>                               |               |     |         |         |         |         |            |                    |
| Admin/office expense allocation   |               |     |         |         |         |         | 0          | 0                  |
| <b>Total Admin &amp; Overhead Expenses</b>                                  | 0             |     | 0       | 0       | 0       | 0       | 0          | 0                  |
| <b>GRAND TOTAL ALL EXPENSES</b>   | 0             |     | 0       | 0       | 0       | 0       | 0          | 0                  |
| <b>SURPLUS/(DEFICIT)</b>  | 0             |     |         |         |         |         | 0          | 0                  |