



Expression of Interest

EOI-2526-05 – Medicare Urgent Care Clinic (Bega)

Due: 6.00pm, 30 September 2025

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1. Introduction

COORDINARE - South Eastern NSW Primary Health Network (SENSW PHN) was established in July 2015. It is one of 31 PHNs (Primary Health Networks) established across Australia and one of 10 PHNs in NSW. Our role is to improve the health and wellbeing of our community which is one of the largest rural and regional populations in NSW, with more than 648,000 people. We also use our knowledge and commissioning expertise to attract new funding partners to expand our impact. Our region stretches from Helensburgh in the north to the Victoria border in the south and inland to Cooma/Monaro, Queanbeyan, Yass and Goulburn.

More information about COORDINARE can be found on our [website](#) and specifically [COORDINARE-Strategic-Directions-2024-2027](#)

COORDINARE is now accepting expression of interest (EOI) applications for a new Medicare Urgent Care Clinic (Medicare UCC) in the Bega Valley LGA. The successful respondent will be funded with a base amount of \$1.46 million per annum (pro-rata), plus additional funding related to opening hours, regional loading (if applicable) and upfront establishment support (GST exclusive). Successful provider(s) will be expected to be fully operational no later than **December 2025**.

2. Background

To reduce pressure on emergency departments (EDs) and improve access to urgent care, the Australian Government is investing in more Medicare UCCs. These clinics offer community-based, patient-centred care for eligible patients with non-life-threatening conditions (ED triage categories 4 & 5) that would otherwise require ED treatment.

Medicare UCCs provide short-term, episodic care for urgent conditions needing same-day assessment or treatment, distinguishing them from general practices. After treatment, patients are discharged and referred to their usual GP for ongoing care.

Medicare UCCs are expected to be open fourteen hours a day (preferred 8am to 10pm), every day including public holidays, offer walk-in appointments, and meet minimum standards outlined in the Australian Government's Operational Guidance for Urgent Care Clinics.

Further information about Medicare UCCs in South Eastern New South Wales can be found [here](#).

Location

Expressions of interest will be considered from practices interested in operating a Medicare UCC in the Bega LGA as defined in the map below.

- [Bega](#)

Local Snapshot

COORDINARE's Population Health Profile outlines the health and social profile of our region. The Population Health Profile (PHP) highlights important information regarding the Bega region, including:

- Older Population: 29.8% aged 65+.

- Socio-Economic Disadvantage: SEIFA-IRSD score of 986.
- Fair or Poor Health: 16.1% self-report fair or poor health.
- ED Presentations which are classified as “low urgency”: South Coast region rate is 297.5 per 1,000 population.
- Service Inaccessibility: Classified as RA3 (Outer Regional) - indicating greater levels of service inaccessibility.
- Potentially Preventable Hospitalisations: Among the highest in the PHN catchment, especially for COPD and diabetes.
- Preventive Health: Lower cancer screening and immunisation rates.
- Aged Care: High demand with limited supply; aged care occupancy rate is high.

Respondents are encouraged to consider the demographic and epidemiological data relating to the region in COORDINARE’s Population Health Profile ([see PHP here](#)).

3. Who can apply?

COORDINARE invites expression of interest (EOI) from eligible organisations for the delivery of a Medicare UCC to improve access in a non-hospital setting for people in Bega Valley LGA. Interested organisations may submit an EOI if they fulfil Department of Health, Disability and Ageing (DHDA) eligibility criteria demonstrating that they:

- Are accredited general practices, community centres or Aboriginal Community Controlled Health Organisations (ACCHOs).
- Can ensure the Medicare UCC will be co-located with, or partnered alongside, a General Practice that offers full bulk billing, where local circumstances allow. Preference will be given to fully bulk billing General Practices or those considering moving to full bulk billing¹.
- Meet the minimum requirements set out in the [Attachment 1 – Medicare UCC Operational Guidance](#) document.
- Are located in Bega as listed under Location in [Section 2. Background](#).
- Have an active Australian Business Number (ABN).
- Have and maintain adequate insurance coverage.
- Have or are willing to obtain clinical software for the UCC that:
 - Supports structured clinical documentation, secure messaging, electronic prescribing, and is conformant with and used to access the My Health Record (MHR);
 - uses a dedicated instance of clinical software for the UCC service. Where this is not practicable, configure the UCC as a dedicated location or separate tenancy within the clinical software, registered with the HI Service and using a unique Healthcare Provider Identifier - Organisation (HPI-O) for the UCC service;
 - uploads discharge summaries to MHR by default for all patients, or, where discharge summaries are not supported, uploads event summaries, within 24 hours of the occasion of service, unless a patient has requested that an upload not occur.
- Have capacity to commence the Medicare UCC service from early December 2025.

Before submitting your EOI, you must consider your eligibility against the minimum requirements set out in the Operational Guidance and within the designated clinic location. Practices unable to meet these standards should not proceed with a Medicare UCC submission.

Consortium bids will be considered.

¹ COORDINARE will consider the bulk billing rates in South Eastern New South Wales when commissioning Medicare UCCs, to help ensure that affordable General Practice care remains accessible to the community.

4. Service specifications

Operational guidance

The Australian and state/territory governments have created Operational Guidance for Urgent Care Clinics (UCCs), applicable to all Medicare UCCs nationwide. The Guidance sets minimum standards for activity, infrastructure, and staffing, while recognising that each clinic's operating model may differ based on local conditions, including workforce availability. These are provided in the [Attachment 1 – Medicare UCC Operational Guidance](#).

The Operational Guidance for Urgent Care Clinics outlines nationally consistent service specifications, divided into eleven parts and an Appendix as follows:

1. Scope of Services and Conditions
 2. Triage and demand management
 3. Accessibility
 4. Patients follow up and communication with usual General Practitioner (GP)
 5. Follow up of diagnostic tests and referrals
 6. Referral pathways and integration with other health services
 7. Staffing
 8. Monitoring activity and clinical safety
 9. Facilities, infrastructure, and equipment
 10. Infection prevention and control
 11. Program Operations
- Appendix A: List of core equipment and drugs required by a Medicare UCC.

Specified Personnel

During the contract, the Medicare UCC will be GP-led, and minimum staffing must include:

1.0 FTE	Vocationally Registered General Practitioner (VR GP)	Deliver treatment and diagnoses as well as associated documentation
1.0 FTE of either	Registered Nurse (RN) Nurse Practitioner (NP) Paramedic	Assist with delivery of treatment as per scope of practice
1.0 FTE	Administrative staff	A staff member undertaking reception and administrative duties (this may include enrolled nurses or others)

Design principles

UCCs must be designed in alignment with the DHDA's Design principles. DHDA, in collaboration with state and territory governments, has developed common design principles for Medicare UCCs across Australia. These national principles provide clear, consistent requirements while allowing flexibility for each Medicare UCC to adapt to the specific needs of its local community.

Further information is provided in the [Attachment 2 - UCC Design Principles](#).

Eligibility criteria for a subsection 19(2) exemption

To meet the Australian Government definition of a Medicare UCC for the purposes of the s19(2) Exemption, the clinic must:

- adhere to the UCC Design Principles
- adhere to the UCC Operational Guidance
- adhere to data reporting requirements
- agree to provide all UCC services at no charge to patients
- have an escalation pathway agreed in writing with the nearest public emergency department.

Medicare UCC providers will be required to apply to Services Australia for a secondary provider number and use their secondary provider number when billing MBS for Medicare UCC services. This is required to ensure the exemption to subsection 19(2) of the Act is applied only to urgent care facilities.

Service outcomes

Medicare UCCs are intended to ease pressure on hospitals and give Australian families more options to see a healthcare professional when they have an urgent but not life-threatening need for care. All Medicare UCCs will provide free services, be open during extended business hours and accept walk-in patients. This measure delivers on the Australian Government's commitment to strengthen Medicare and make it easier to see a doctor.

The Australian Government, in consultation with PHNs and the states and territories, has developed and agreed on measures of success, underpinned by associated data sources which will ensure a shared view of what Medicare UCCs will aim to achieve and guide the approach to evaluation.

The measures of success for the establishment of Medicare UCCs are as follows:

- Provide timely treatment for urgent non-life-threatening conditions.
- Provide safe and quality treatment to patients.
- Deliver coordinated care for UCC patients.
- Provide a positive experience for the patient/carer.
- Provide a positive experience for the commissioned provider of the UCC, in addition to the partner hospital EDs and local GP practices.
- Reduce pressure on hospital ED presentations at partner hospitals.
- Change consumer behaviour over time to use UCCs where available instead of EDs for urgent non-life-threatening conditions.
- Establish a partnership with PHNs, Healthdirect, jurisdictions and the health ecosystem, to become an effective coordinated care option for people with urgent non-life-threatening conditions; and
- Be cost-effective.

Evaluation and monitoring

Successful applicants will be required to meet regularly and report their performance to COORDINARE.

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 underpinned by the Quintuple Aim:

- Improved health outcomes;
- Better consumer experience;
- Enhanced provider satisfaction;

- Increased value for money; and
- Enabling health equity

Key performance indicators

Key performance indicators (KPIs) 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 aligned with COORDINARE's Performance Framework across 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
1	Access	Number of patients serviced in the reporting period and over time
2	Access	Number of presentations in the reporting period and over time
3	Access	Distribution of patients and presentations across demographic and social attributes (as mandated by COORDINARE data collection requirements)
4	Access	Geographic distribution of clients
5	Effectiveness	Distribution of patient entry and end of care transfer – • Reason / point of entry • End of care status • Alternate avenues for patient care
6	Appropriateness	Client experience and satisfaction with service (COORDINARE and DHDA will co-design a fit-for-purpose collection scale / questionnaire)
7	Appropriateness	Appropriate clinical handover - event summaries and/or discharge summaries successfully uploaded to My Health Record
8	Appropriateness	All data collection variables specified by COORDINARE and DHDA to have high (>90%) quality of completeness and accuracy
9	Efficiency	Cost effectiveness based on overall figures – for example cost per program, cost per participant

Data collection and sharing arrangements

Data collection from Medicare UCCs is essential to monitor implementation, report on impacts to stakeholders and the public, and to inform the evaluation of the Medicare UCC program. Each Medicare UCC will be required to enter into a data sharing agreement with the Australian Government Department of Health, Disability and Ageing (DHDA) ahead of opening and agree to participate in the Medicare UCC program evaluation. These arrangements will not interfere with any existing data sharing arrangements in place at the general practice.

De-identified data will be collected on a specified basis from existing patient management systems. Data elements to be collected will include a subset of existing patient fields (e.g., age, gender) and several new fields specific to the Medicare UCC program. COORDINARE will provide further information to the successful provider/s in relation to data collection.

Medicare UCCs will be required to seek patient consent for the collection and use of data for each patient episode. Insights from data collected will be regularly provided back to Medicare UCCs to guide continuous improvement of the program and better target necessary support for clinics and their staff.

5. Funding

The Medicare Urgent Care Clinic (UCC) Program has refined the model used to allocate funding to Medicare UCCs. This performance-based model seeks to improve equity between clinics, drive growth and provide a better experience for the Australian public. There are five components to the new funding model, aligned with key aims of the Medicare UCC Program. These are described below under base operating grant and performance-based funding. Additional funding will also be provided to support establishment. Indicative funding amounts are provided in Table 1.

Base operating grant (minimum grant)

Base operating grant - all clinics will receive a base operating grant, adjusted according to the date of opening. This base operating grant has been calculated to cover non-labour and minimum labour costs. The base operating grant is indicative.

Performance-based funding

Additional funding may be available and is tied to the achievement of metrics under the performance-based funding model for Medicare UCCs. These metrics align with the Medicare UCC Operational Guidance and key Medicare UCC program outcomes. Components including:

- **Opening hours loading** - a multiplier will be applied to the base grant funding for clinics that operate with expanded opening hours. Loading is weighted to reflect the higher cost of operating in the less sociable hours period.
- **Throughput** - clinics will receive additional funding once they reach a certain number of presentations, reflecting the additional staffing effort required to manage higher throughput / presentations.
- **MMM Location (Regional loading)**: additional loading will be based on Modified Monash Model (MMM) classification to reflect the higher costs of operating a clinic in rural and regional locations. The model measures remoteness and population size on a scale of Modified Monash (MMM) categories MMM 1 to MMM 7. MMM 1 is a major city and MMM 7 is very remote. See further information at [Modified Monash Model](#). (MMM Location for Bega is MMM-5).
- **Pathology and Diagnostic Imaging** - funding will be provided to help meet costs associated with offering pathology and imaging collection services onsite.

Establishment cost

Medicare UCCs will receive:

- Capital funding to support the costs associated with establishing a Medicare UCC i.e. building fit out, equipment, bedding etc. A once off payment of capital funding will be made to the provider upon execution of the Medicare UCC provider contract.
- Signage of up to \$6,000.00.
- Specialist equipment funding. Practices may be eligible for additional funding to support the purchase of specialist diagnostic equipment, including CT scanners, X-ray machines, and ultrasound devices. A separate written application must be submitted to the PHN following contract execution, accompanied by a business justification to determine the appropriateness of the proposed equipment purchase.

Table 1. Indicative funding

Funding Component	FY25/26	FY26/27	FY27/28
Base Operating Grant	\$1,460,000 ^(a)	\$1,460,000.00 ^(b)	\$1,460,000.00 ^(c)
Upfront establishment support, includes signage (\$6k)	\$513,285	\$0.00	\$0.00
Specialist equipment funding	To be negotiated	\$0.00	\$0.00
Performance based funding	To be calculated	To be calculated	To be calculated

All amounts are GST exclusive. GST is payable.

^(a)The FY202/2026 funding will be paid on a pro-rata basis for the time Medicare UCC is operational

^{(b), (c)} Indexation will occur in 2026-27 and 2027-28 and will be applied on payment.

Example of funding calculation will be explained further in the [Industry Briefing](#) session.

From 1 November 2025, Medicare Urgent Care Clinics (UCCs) will be able to claim MBS revenue, including the Medicare bulk billing incentive. Please note, however, that Medicare UCCs will not be eligible for the Medicare Practice Incentive Program.

Out of Scope

- Purchase of land.
- Paying ransom for ransomware, cyber-attack or any other type of cybercrime.
- Capital infrastructure such as the purchase of real estate or for building or construction or demolition with no direct alignment with the Medicare UCC program.
- The purchase or repair of motor vehicles, excluding routine maintenance, except where approved in writing by COORDINARE or the DHDA.
- Security for the purpose of obtaining commercial loans or for the purpose of meeting existing loan obligations.
- Legal or other costs (including damages) to settle unfair dismissal grievances and/or settle other claims brought against the Provider; except where approved in writing by the COORDINARE or DHDA.
- Costs incurred in the preparation of a EOI application or related documentation.
- Subsidy of general ongoing administration of an organisation such as electricity, phone and rent not related to operation of Medicare UCC.
- Domestic and overseas travel.
- Activities undertaken by political organisations.
- The covering of retrospective costs.
- Activities which subsidise commercial activities.
- The purchase or repair of equipment or motor vehicles.
- Activities for which COORDINARE or other Australian Government, state, territory or local government bodies have primary responsibility.

6. Timeline

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

Expression of interest released	26 August 2025
Industry briefing (online) See information for RVSP at Section 7. Obtaining further information	12:00 – 12:45 pm 03 September 2025
Question and Answers via Tenderlink forum	Until close date for submissions

Last day for proposals to be received – late applications will not be accepted	6.00 pm 30 September 2025
Evaluation and EOI process	Early October 2025
Release of outcome	Mid October 2025
Contact negotiation – including clinic site visit	Mid - late October 2025
Contracts commence	October/November 2025
Establishment	November 2025 – December 2025
Commencement of services	early December 2025

7. Obtaining further information

After you have registered on the Tenderlink portal, you can also submit any questions anonymously via the Tenderlink online forum. COORDINARE will respond within **2 business days of** receiving your question.

Please note that any general questions, answers, and points of clarification will be shared with all other providers participating in the EOI via addendum or on the online Tenderlink forum. Any identifying information about the organisation submitting the question will be removed.

Industry briefing

An information session will be held on 03 September 2025. This session will focus on the EOI process and guidelines, and answer questions related to the EOI. Session details:

Date:	Wednesday 03 September 2025
Time:	12:00 – 12:45 pm (AEST)
RSVP:	To register for the webinar please RSVP directly at Registration <i>A meeting invite will be sent to you automatically after registration is completed.</i>
Mode:	Webinar (via MS Teams)
Note	After registering, you will receive a confirmation email containing information about joining the webinar. A recording of information session will be published on Tenderlink. A copy of the slides and any questions and answers will be posted on the TenderLink portal and COORDINARE website after the webinar. This session will provide an industry briefing for all three Medicare UCC Expressions of Interest (Bega, Nowra, and Shellharbour).

8. Developing and submitting your proposal

Expression of Interest close **6:00pm (AEST) 30 September 2025**. Late submissions are not accepted.

Respondents are required to submit their Responses via COORDINARE's Tenderlink (<https://www.tenderlink.com/COORDINARE/>). Respondent will need to register on the site before you can access the proposal portal. **Registration is free**. Respondents will receive a time and date stamped confirmation after successful proposal submission.

Respondents must complete all sections of the EOI electronic form on TenderLink and include all relevant documentation.

Application form (electronic form)

Respondents should provide a written approach aligned to the scope, specifications and criteria outlined in this document. Please ensure you read each assessment criterion at [Section 9. Assessment Criteria](#) carefully and answer each component and section of the proposal form by considering all information provided. Respondents should also refer to the conditions and assessment criteria described in this EOI.

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 and/or 5 pages per attachment.

File formats accepted: word, excel, pdf and jpg files are all acceptable formats.

Please see the [Attachment 3 - TenderLink guide](#) provided for more information.

Please refer to [Section 9. Assessment criteria](#) and [Section 10. Evaluation of submissions](#) for more information on COORDINARE's approach to evaluating proposals.

Budget submission

Respondents are required to submit a proposed budget on the budget template provided ([Attachment 4 – Budget template](#)). The service will be funded over three financial years **2025-26, 2026-27 and 2027-28**.

An estimated number of occasions of service per annum will be expected and should be included in the application.

Budget should be attached and submitted in the Tenderlink electronic form.

Other supporting documents

Where relevant, please reference supporting policies or procedures that demonstrate your ability to meet the requirements. Ensure each policy/procedure is clearly cited, including document title and page number, aligned to the specific content being addressed.

9. Assessment criteria

All items listed in the table below must be addressed as part of the Application.

Assessment Criteria	Weight
1. Service Delivery (2000-word limit not including policies/procedures)	40%
For each of the 11 components in Attachment 1: Operational Guidance for Urgent Care Clinics, outline how you will plan, implement, and deliver a clinical urgent care service in the target area. Where applicable, include supporting evidence or planned actions with indicative time frames. 1. Scope of Services 2. Triage and Demand Management 3. Accessibility 4. Patients follow up and communications with usual GP/General Practice 5. Follow up of diagnostic tests and referrals 6. Referral pathways and integration with other health services	

7. Staffing 8. Monitoring activity and clinical safety 9. Facilities, infrastructure and equipment 10. Infection prevention and control 11. Program operations Commitment to Operations: Confirmation that your clinic will be ready to start by December 2025 and will operate 14 hours a day, every day—including public holidays.	
2. Demonstrated organisational capability (1500 words)	30%
Please describe how your organisation will build on existing resources or develop new ones to support the delivery of the Medicare Urgent Care Clinic (UCC) service. In particular, provide an outline of the following • A clear project plan, documentation around infrastructure, renovation plans etc. showing how you will be ready to start by early December 2025. • Outline and provide copies of your current Clinical Governance Policy, governance structures including how you manage clinical supervision, escalation and quality standards, and outline any changes necessary to run an urgent care clinic. • Outline your capacity and experience to deliver urgent care services, including examples of similar services you've implemented or expanded. • Provide details of your recruitment and retention strategy, including a scalable workforce plan and provisions for a surge workforce to meet fluctuating demand. • Provide a staff training and development strategy that outlines how current staff skills and capacity will be assessed, how training needs will be identified, and the proposed approach to addressing those needs. • Provide a communications and engagement strategy that outlines how you will engage with the local community and partners, and how you will establish, develop, and sustain effective partnerships • Outline and provide copies of your current feedback and complaints mechanisms and detail any changes required to effectively operate as a Medicare UCC. • Provide an outline of your continuous improvement, including audits, performance monitoring, and patient feedback. • Provide a comprehensive risk management plan for the establishment and delivery of the service, including identified risks and proposed mitigation strategies. The plan should outline your approach to managing clinical, operational, and reputational risks throughout implementation and ongoing service delivery.	
3. Supporting access for priority populations - 1000 words	20%
This section should outline how your clinic will ensure respectful, equitable, and culturally safe access to services for priority populations. These include Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, and individuals who identify as LGBTQIA+. Please include the policies your clinic has in place to support culturally safe and respectful care, in line with RACGP Standards for General Practices – Criterion C2.1, such as:	

• Cultural safety and anti-discrimination policies • Policies on patients' rights and responsibilities • Procedures for ceasing care and managing ethical dilemmas • Documentation processes for treatment refusal and second opinions Please describe your clinic's approach to cultural capability, including: • Demonstrated cultural competency and staff readiness to engage with and support diverse communities • Strategies for inclusive community engagement and communication • Actions to ensure a welcoming, respectful, and accessible environment for all priority groups • Training provided to staff on cultural awareness and ethical decision-making • How your clinic ensures privacy and dignity for patients in distress • Any strategies used to identify and respond to the unique needs of priority populations	
4. Value for Investment (500 max word limit)	10%
Please provide an indicative budget for financial years 2026-26, 2026-27 and 2027-28 on the budget template provided (Attachment 4 – Budget template). Please provide budgets as follows: 1. Establishment, fit out and/or upgrades of existing clinic setting to align with the design principles and operational guidelines. 2. Annual base operating budget – for each FY. The model must describe and reflect value for money and value for outcomes with a clear description of proposed or anticipated occasions of service (activity). The budget must provide an estimated cost of the proposed service. The costs should include an administration % that is reasonable and reflects market norms.	

Compliance requirements	
1. Provide copies of your current accreditation certificate(s) from your professional body. The accreditation certificate must demonstrate the respondent's eligibility to work in their chosen field. Additionally, respondents should address whether the Expression of Interest (EOI) subject matter requires specific accreditation to work with the intended target population or type of program. <i>Medicare UCCs must be partnered with a General Practice that is accredited to a recognised and relevant standard such as the Royal Australian College of General Practitioner Standards for General Practice. Medicare UCCs may also consider accreditation to other relevant standards such as the National Safety and Quality Health Service Standards, and the National Safety and Quality Primary and Community Healthcare Standards, where appropriate.</i> <i>If accreditation certificate(s) is not available, please specify reasons.</i>	Compliance

2. Provide copies of required insurance • Copy of Public liability insurance with minimum cover of \$20,000,000 for each and every occurrence. • Copy of Professional indemnity/Malpractice indemnity insurance with minimum cover of \$20,000,000 per claim and in the aggregate. <i>Such insurance will be required to be maintained for 7 years following the date on which the Medicare UCC Contract expires (or any earlier termination).</i> • Commitment to provide confirmation of medical practitioner indemnity insurance for all General Practitioners (GPs) working at the Medicare UCC with minimum cover of \$20,000,000 per claim and in the aggregate. <i>Such insurance will be required to be maintained for 7 years following the date on which the Medicare UCC Contract expires (or any earlier termination).</i> • Copy of Workers' compensation insurance or registration as required by law. • Copy of cyber security insurance (optional).	Compliance
3. Audited annual financial statements for the last two financial years (profit and loss statements, balance sheets and statement of cash flows).	Compliance
4. Include at a minimum two (2) professional referees if respondents have not received funding from COORDINARE previously.	Compliance

10. Evaluation of submissions

Respondents are assessed via a competitive process. An evaluation panel will consider each submission against the Assessment Criteria 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.

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.

Please refer to [Section 12. EOI General Terms and Conditions](#) for more information.

11. Contracting arrangements

Successful respondents will be required to enter into a Contract for Service and Schedule of Service with COORDINARE. The final agreement and schedule, however, will be subject to negotiation. 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 **indicative** contract term is 1 November 2025 – 30 June 2028. 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. The format and framework for progress reports may take account of the size, costs, complexity and relative risks of the project being undertaken. 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 reserves the right to work with the successful Respondent, to clarify and finetune Responses, and in some cases request revised Responses, prior to a contract being awarded.

12. 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 Business Team at commissioning@coordinate.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.

13. 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
EOI	Expression of Interest
DHDA	Department of Health, Disability and Aging
GP	General Practice
NSW	New South Wales
PHN	Primary Health Network
RN	Registered Nurse
SE NSW	South Eastern NSW
Medicare UCC	Medicare Urgent Care Clinic