



Expression of Interest Guidelines (Open Approach)

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

This EoI will remain open until 31 December 2025. Applications can be submitted at any time prior to 31 December 2025.

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1. Introduction

COORDINARE - South Eastern NSW Primary Health Network (SENSW PHN) invites expression of interests (EOI) from General Practices to participate in a chronic obstructive pulmonary disease (COPD) care pathway.

The project aim is to provide appropriate and accessible care for COPD patients in their community. This approach will ultimately provide consumers with improved health outcomes by providing a range of interventions in the primary care setting. Outcomes expected from the pathway include improvement in patient's self-reported quality of life, and a reduction in unplanned hospital presentations and admissions. These expected outcomes are based on international literature and local data analysis.

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. Collaborative Commissioning planning to date has identified chronic obstructive pulmonary disease (COPD) as the priority for the SENSW region. COPD is responsible for a high volume of preventable hospitalisations across our regions hospital system. In addition, there is strong evidence to support the efficacy of community-based models of care designed to manage COPD patients closer to home.

Consultation with stakeholders took place in November-December 2022 using the COPD X guidelines as a 'perfect state' pathway to explore challenges and barriers experienced by consumers and providers in SENSW. A [final report](#), summarising the consultations, provided 31 recommendations for consideration. Through continuous stakeholder consultation and collaboration, a care pathway has been developed from the recommendations.

A number of the recommendations require activities to be delivered within the primary care setting and therefore require the commissioning of General Practices. This document concerns the components of the care pathway that will be delivered by General Practices (GP Practices).

This project will align with all three strategic approaches in COORDINARE's Strategic Directions. The project also covers the following priorities for action:

- Aboriginal health.

- Social determinants of health.

The pathway will provide better access to a range of services across multiple settings. The activities to be delivered by the practice, and relevant to this EOI, include:

- Diagnostic services within General Practice (initially supported by a Respiratory Scientist). COORDINARE will commission a Respiratory Scientist to deliver diagnostic services in participating practices.
- Delivering a cycle of care to COPD patients annually ([Cycle of Care](#))
- Prioritising follow-up appointments for COPD patients leaving hospital.
- Participating in the Lumos program.
- Provide patient reportable measures from a platform to be provided by the PHN.
- Attending a Multi-Disciplinary Team (MDT) meeting led by a Respiratory Specialist to support management of complex patients.

The project will be broken down into three phases of implementation with the first tranche engaging with 3 General Practices. Additional practices will be brought on board in subsequent years.

Scope and purpose

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.

COORDINARE is seeking EOIs from organisations outlining their approach to the implementation of the Collaborative Commissioning Care Pathway, (see attached). Funding will be provided through the program to increase practice nurse capacity to deliver the care pathway.

Required outputs are as follows:

1. Collect and record patient consent
2. Prepare a targeted GP Management Plan for each enrolled patient.
3. Prepare a COPD Action Plan for each enrolled patient.
4. Support patients to complete periodic PROM and PREM assessments such as CAT, HRQOL-14, K-10, EQ-5D-5L in accordance with the care pathway requirements
5. Make referrals to relevant services / providers that will make up the patients' care team (Multi-Disciplinary Team).
6. Undertake Annual Cycle of Care for each enrolled patient, attached.
7. Refer patients to Pulmonary Rehab, if required and/or meets guidelines.
8. Practice participation in an MDT meeting with a Respiratory Specialist, once a month.
9. Provide patients leaving hospital with COPD, a follow-up appointment within 72 hours of discharge.
10. Reporting on the above activities through a secure online excel document that will be provided by COORDINARE.

This phase of the project will focus on the practices COPD cohort only and COORDINARE will work with the practice to define their practice cohort. COORDINARE envisages that each commissioned practice would enrol around 80% of their COPD patient caseload into the program.

In addition, the practice will be required to:

- submit invoices quarterly for payment. For further information see [Payment Schedule](#);
- provide advice and guidance to assist COORDINARE Limited improve its systems and processes to align with contemporary best practice.

Further detail on information to be included in EOI submission, and evaluation criteria, can be found in sections 6. *Developing and submitting your expression of interest* and 10. *Evaluation of submissions*.

4. Funding purpose

Eligibility

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

Preferred applicants are practices that demonstrate numerous characteristics aligned with [COORDINARE's Population Health Profile](#). These characteristics include:

- rural and remote locations
- delivering services in low socio-economic regions.
- a high percentage of COPD patients and active caseload (sourced through the Sentinel Practices Data Sourcing).

There will be up to 5 practices to be funded under this project.

Activities not funded through the program

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

- General Practitioner's involvement in the management of COPD patients already covered by MBS items.
- General Practitioner's involvement in the preparation of the initial GP Management Plan.
- General Practitioner's involvement in the ongoing cycle of care practice meetings.
- Referral of patient for Home Medicine Review.

While these activities are expected to form part of the cycle of care, they are currently funded under the MBS scheme.

Outputs and outcomes

The Collaborative Commissioning COPD program aims to:

- increase the number of spirometry tests and COPD diagnosis in the community.
- increase the confidence within the General Practice setting to manage COPD patients through the Care Pathway.
- improve the patient experience through better transition of care between hospital and community.
- support earlier diagnosis of COPD and treatment in the community.
- reduce repeat representation numbers within 28 days of discharge for COPD patients.
- reduce the length of stay days in hospital for COPD patients.
- reduce waiting times for access to Pulmonary Rehabilitation.
- reduce ED presentations for COPD patients.
- increase the number of COPD patients with GP Management Plans and COPD Action Plans.

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	June 2025
Evaluation process	Within 4 Weeks of EOI Application Submission
Clarification / negotiation with shortlisted providers	Within 2 Weeks of Evaluation Process being finalised
Contracts commence	Within 4 Weeks of Clarification / negotiation with shortlisted providers being finalised

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.

6. Developing and submitting your EOI

Respondents should provide a written EOI Application Form (**Appendix 1**) aligned to the scope, specifications and criteria outlined in this document. Please ensure you read each assessment criterion carefully and answer each component by considering all information provided. The EOI Application Form should not **exceed 5 (five) pages**, excluding compliance components.

Please submit the following via email to commissioning@coordinare.org.au:

1. EOI Application Form
2. All compliance documents as requested in Section 9: Evaluation of Submissions

Incomplete submissions may affect your eligibility to apply for this EOI.

7. Funding

The funding will be broken down into three components:

- Implementation funding
 - Payment 1
 - Payment 2
 - Payment 3
- Care pathway funding
- Yearly retention funding

Stage	One-Off Payment	New Patient Setup	Annual Cycle of Care	Yearly Retention Bonus Payment
Implementation Payment 1	\$2,000 per practice			
Implementation Payment 2 (Paid when patient attends the <i>Initial COPD General Practice Clinic Workshop</i>)		\$ 90 per patient		
Implementation Payment 3 (Paid when a patient, who has signed the consent form, attends the <i>Initial Patient General Practitioner Meeting</i>)		\$60 per patient		
Care Pathway Payments (Paid for each of the annual cycle of care meetings a patient attends)			\$75 per patient	
Yearly Retention Bonus Payment (Paid at the end of the 12-month cycle for a patient who attended all 3 cycle of care meetings)				\$20 per patient

NOTE: Except for **Implementation Payment 1**, 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.

Below is an explanation of each component and the activities included.

Implementation Funding

Payment 1

A set amount of **\$2,000 per practice** will be paid once the contract is signed. This payment will cover:

- the cost of your practice staff to undertake initial data cleansing as per the Preparing for Collaborative Commissioning – COPD Toolkit, to identify the targeted cohort i.e. those already diagnosed with COPD and those that are deemed to be at-risk of having or getting COPD.

During this stage, additional funding will be provided for:

- purchase of a spirometry machine - if required (paid on invoice).
- attendance at spirometry training – if required (paid on invoice – see training suite).
- attendance at smoking cessation training – if required (paid on invoice – see training suite).

Payment 2

\$90 per targeted patient who attends the **Initial COPD General Practice Clinical Workshop**. This payment will cover:

- a. the cost of your Practice Nurse's involvement in contacting patients from the cohort and inviting them to the *Initial COPD General Practice Clinical Workshop* (see attached [care pathway flowchart](#)).
- b. the cost of the Practice Nurse's involvement in the *Initial COPD General Practice Clinical Workshop*. This includes explaining the program to patients and having them sign a consent form.
- c. purchase of spirometry testing disposables used during the initial spirometry test.

This payment will be made quarterly based on the number of patients who attended the *Initial COPD General Practice Clinical Workshop* in the previous quarter.

Payment 3

\$60 per targeted patient who attends the *Initial Patient General Practitioner Meeting*. This payment will cover:

- a. practice nurse involvement in:
 - i. preparation of the initial GP Management Plan and COPD Action Plan, if one not prepared in the past 12 months,
 - ii. review of the GP Management Plan and COPD Action Plan, if one completed in the past 12 months.
- b. practice nurse involvement in the *Initial Patient General Practitioner Appointment*.

This payment will be made quarterly based on the number of patients who attended the *Initial Patient General Practitioner Meeting* in the previous quarter.

Care Pathway Funding

\$225 per annum per enrolled patient. This equates to **\$75 per patient per cycle of care meeting attended**.

This will provide funding to support the Practice in following the 12-month care pathway. The funding will cover:

- a. continual upskilling of practice nurse in spirometry testing.
- b. delivery of spirometry testing (noting a Respiratory Scientist will be commissioned to deliver this service in year 1).
- c. purchase of spirometry testing disposables.
- d. ongoing data analysis.
- e. practice nurse involvement in 4th, 8th, and 12th *Annual Cycle of Care Appointments*.
- f. patient's key practice contact calls to severe and moderate COPD patients.
- g. patient's key practice contact taking calls from patient when they reach the yellow and orange section of the COPD Action Plan.
- h. arrangement of a General Practitioner meeting within 72 hours of discharge from hospital.
- i. attendance at the monthly Respiratory Specialist meeting – first year only.

Yearly Retention Bonus

The yearly retention bonus amount will be **\$20 per patient**, paid at the end of the 12-month annual cycle of care for all patients who:

1. signed the consent form and
2. attended the three care pathway meetings held every quadrimester.

Additional Funding

General Practitioner Funding

Additional one-off funding will be paid to *non-Principles of the General Practice ie salaried general practitioners and independent contracted general practitioners* as per the following.

Training on New Care Pathway

As part of the program, it is expected that all General Practitioners within a commissioned practice will attend a one-hour training session on Collaborative Commissioning and the new COPD Care Pathway. The training session will be arranged by the commissioned practice at a time and date to suite them. A remuneration payment of \$200 will be paid for attending the training. The payment request is to go directly to COORDINARE.

New Patient Funding

New patient funding will be as per [Payment 2](#) and [Payment 3](#) above. This funding is for any new patients brought onto the program after the initial cohort and will cover the cost of:

- a. a practice nurse's involvement in contacting new patients expected of having COPD or being at risk of getting COPD and inviting them to the *Initial COPD General Practice Clinical Workshop* (see attached [care pathway flowchart](#)).
- b. a practice nurse's involvement in the *Initial COPD General Practice Clinical Workshop*. This includes explaining the program to patients and having them sign a consent form.
- c. a practice nurse's involvement in:
 - i. a preparation of the initial GP Management Plan and COPD Action Plan, if one has not been prepared in the past 12 months,
 - ii. review of the GP Management Plan and COPD Action Plan, if one has been completed in the past 12 months.
- d. a practice nurse's involvement in the *Initial Patient General Practitioner Meeting*.
- e. the purchase of spirometry testing disposables used during the initial spirometry test.

This payment will be made quarterly based on the number of patients who attended the *Initial COPD General Practice Clinical Workshop* in the previous quarter.

8. Contracting arrangements

The successful respondent will be required to enter into a Service Agreement with COORDINARE. The final agreement, however, will be subject to negotiation with the shortlisted respondent.

Funding recipients will be required to be signed up for their practice data to be shared with Lumos. This software programs will provide some of the progress reports related to the agreed milestones.

9. Evaluation of submissions

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

Criteria	Weighting
1. Outline your approach to delivering the designed care pathway	35%

<p>2. Demonstrate your operational and technical capacity, capability and experience in successfully delivering initiatives, including:</p> <ul style="list-style-type: none"> • who will lead the initiative and the roles of various other personnel in implementation • how you have implemented new reporting requirements and processes; and • how you will increase practice nurse capacity within the required timeframe. 	30%
<p>3. Describe your ability and past experience in engaging and retaining patients in a new program</p>	25%
<p>4. Aboriginal cultural safety</p> <p>Provide a brief outline of what steps you are taking to ensure your practice is safe and appropriate for Aboriginal and Torres Strait Islander people.</p>	10%
Compliance and Eligibility	
<p>1. Provide relevant and current accreditation certificate(s)</p>	
<p>2. Provide copies of required insurances</p> <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 insurance: not less than \$1 million in the aggregate (optional) 	
<p>3. Provide the most recent audited financial statement/ profit and loss statement</p>	
<p>4. Confirmation the General Practice has an Aboriginal and Torres Strait Islander Impact Statement; Health Strategy or Reconciliation Action Plan.</p>	
<p>5. Include two (2) professional referees. Practices who have previously received funding from COORDINARE are not required to provide a referee.</p>	

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

10. 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 operation of the service.

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 EOIs, and in some cases request revised EOIs before a contract is awarded.

11. 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.

12. EOI General Terms and Conditions

General	Respondents should familiarise themselves with this document and the separate online Submission Form and ensure that their EOIs 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 EOI.
Acceptance	Non complying submissions may be rejected. COORDINARE may not accept the lowest priced EOI and may not accept any EOI.
Explanations	Verbal explanations or instructions given prior to acceptance of a EOI 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 EOIs 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 EOIs 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 EOI 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 EOI 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.

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	this document and any other documents designated by COORDINARE

(EOI)	
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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
MDT	Multidisciplinary Team
SE NSW	South Eastern NSW
SPDS	Sentinel Practices Data Sourcing

14. Payment Schedule

Stage	One-Off Payment	New Patient Setup	Annual Cycle of Care	Yearly Retention Bonus Payment
Implementation Payment 1	\$2,000 per practice			
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