



Request for Proposal

RFP-2526-09 – Provision for Multi-Disciplinary Team Grant –
Healthy Hearts Program



Activity	Date
Grant opportunity released	20 March 2026
RSVP for Industry Briefing via click here	5pm 30 March 2026
Industry Briefing and Q&A via Teams. Use registration link sent to email registered.	6pm 1 April 2026
Deadline for questions from potential respondents via Commissioning mailbox	5pm 21 April 2026
Deadline for completion of Q&A by COORDINARE	5pm 23 April 2026
Closing date and time for applications	5pm 30 April 2026
Shortlisting of successful EOI submissions	7 May 2026
Clarification / negotiation with shortlisted providers	May 2026
Funding awarded	May 2026
Contracts commence	June 2026
Activity commences	July 2026

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1. Organisation overview

COORDINARE, as the South Eastern NSW Primary Health Network, is dedicated to fostering healthier communities. Our role is to improve the health and wellbeing of our community which is one of the largest rural and regional populations in NSW. To do this, we collaborate with the community, general practices and other stakeholders to design solutions that make it easier for people to get the health care they need. 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](#), including [COORDINARE's Strategic Directions 2024-2027](#).

2. Project background

Purpose

To reduce the risk of and improve the multidisciplinary team (MDT) management of cardiovascular disease (CVD) and CVD risk of participating patients by strengthening prevention, early detection, and management of key risk factors within primary care.

Successful small practices and/or Aboriginal Community Controlled Health Organisations (ACCHOs) will be contracted to:

- Provide a referral and care pathway for patients with CVD or who are recommended for a CVD Risk Assessment under the Australian CVD Risk Guidelines into the program
- Provide workflows and practice support for Healthy Hearts clinics in the practice – the clinics will be staffed by the Healthy Hearts provider commissioned by COORDINARE (Silverchain Ltd)
- Participate in the multidisciplinary care of patients in the program.

This activity is being funded through the Commissioning of Multidisciplinary Teams program and has been operating since 2025. The number of practices is to be expanded for 2026–27. The program was announced as part of the Building a Stronger Medicare package in the 2023-24 budget. Under this measure COORDINARE will commission multidisciplinary teams that address the prioritised need in the region, with a focus on supporting ACCHOs or smaller general practices that do not have the size or scale to engage the range of health professionals required to provide effective multidisciplinary care.

The latest version of the Model of Care is provided at **Attachment 1**

Objectives

The objective is to commission small general practices and/or Aboriginal Community Controlled Health Organisations to enhance clinical care for patients with a diagnosed CVD or who should be RFP-2526-09 – Provision for Multi-Disciplinary Team Grant -Healthy Hearts Program

assessed for CVD risk through the provision of a Healthy Hearts Program (HHP) staff member. The staff member - either a Registered Nurse or suitably qualified allied health professional - is employed by the commissioned provider (Silverchain Ltd) who, alongside the GP team at the small practice or ACCHO, will deliver and refer for multidisciplinary care.

The role of the Healthy Hearts Staff

The primary role of the HHP staff is to conduct one day per fortnight at each practice/ACCHO to undertake assessments of risks for CVD (including the CVD calculator for those at risk of developing CVD due to age or health condition) or those who have already been diagnosed with CVD. They will work with each patient to create a “My Healthy Heart Plan” using motivational interviewing and clinical assessment to identify modifiable behaviours such as medication adherence, lifestyle changes and specialist allied health interventions. Allied health interventions such as referrals to Dietitians, Exercise Physiologists, Diabetes Educators, Podiatrists etc may be fully funded under the program. All information including assessments, plans, clinical observations and referrals will be held in the practice’s/ACCHO’s software to ensure seamless communication within the team.

The role of Participating ACCHOs/GP Practices

ACCHO’s/GP Practices are expected to provide workflows for referral into the program and provide multi-disciplinary care management of the patient while they are participating in the program. The ACCHO/GP practice will make a suitable space accessible to the HHP staff and provide access to the practice software for the HHP staff to record appointments, assessments, plans and referrals, and have an appointment profile. The ACCHO/GP Practice is expected to identify a program champion to keep the program operating and contribute to the required reporting and participate in the community of practice.

Issue background

Registered Nurses (RNs) and Allied Health Professionals (AHPs) collaborate closely with GPs and other healthcare professionals within the practice team, contributing to a multidisciplinary approach to patient care. By leveraging the expertise of RNs and AHPs, general practitioners can optimise their workflow, maximise their scope of practice, and deliver high quality, patient-centred care.

RNs and AHPs are well placed to deliver preventative interventions and chronic disease management support; however, salary costs, workforce issues and time constraints often limit smaller general practices’ ability to secure these valuable resources.

COORDINARE data reports that some practices recorded up to 45% of their patient caseload with high blood pressure and high cholesterol, risk factors for cardiovascular disease and diabetes.

COORDINARE will commission a further ten (10) providers who are either ACCHO’s or small general practices to enhance clinical care for patients with diagnosed CVD or who are eligible for a CVD risk assessment under the Australian CVD Risk Management Guidelines through the provision of a HHP staff member who will deliver a multidisciplinary model of care.

Local snapshot

Cardiovascular disease (CVD) remains a significant contributor to the chronic disease burden across South Eastern NSW, including Eurobodalla and surrounding regions. Heart, stroke and vascular disease continue to drive preventable morbidity and mortality, particularly in communities experiencing higher levels of rurality, population ageing and socioeconomic disadvantage. The Needs Assessment identifies CVD as closely linked with other prevalent long term conditions such as diabetes, chronic kidney disease- and COPD, reinforcing the cumulative and compounding impact of multimorbidity on local health outcomes.

The burden of CVD is disproportionately higher among Aboriginal and Torres Strait Islander peoples in the region, contributing substantially to the life expectancy gap. Aboriginal adults experience heart, stroke and vascular disease at double or more the rate of non- Indigenous adults, alongside higher exposure to key cardiovascular risk factors including smoking, obesity, diabetes, psychological distress and socioeconomic disadvantage. These intersecting risks position CVD as both a clinical and health- equity priority, requiring culturally safe, Aboriginal- led prevention, early intervention and long- term- management approaches.

Modifiable risk factors that drive cardiovascular disease are prevalent locally and exceed NSW averages in several areas, including high rates of overweight and obesity, smoking, risky alcohol consumption and psychological distress. In parallel, the Needs Assessment highlights persistent system level- challenges affecting CVD outcomes, including uneven access to primary prevention, limited availability of multidisciplinary chronic disease care, and workforce capacity constraints in rural communities. Together, these factors underscore the need for integrated, place based- prevention, early intervention and coordinated primary care responses to reduce avoidable cardiovascular disease across the region.

The Needs Assessment also identifies ongoing gaps in chronic condition management that further exacerbate CVD risk and outcomes, including:

- Poor coordination of care and limited availability of affordable, timely referral options
- Limited access to affordable prevention programs targeting modifiable risk factors
- Medication management challenges contributing to preventable hospitalisations
- Concerns regarding the appropriateness and effectiveness of self-managed care plans, highlighting the need for more collaborative, person-centred care planning processes

3. Qualification criteria

Scope and specifications criteria

Respondents must meet the following eligibility requirements to be considered for funding. These criteria are designed to ensure that services are delivered by capable, appropriately located, and suitably qualified providers. The table below outlines the key eligibility areas:

Eligibility criteria	Guidance
1. Geographic location	<p>The applicant organisation must be located within one of the following Local Government Areas:</p> <ul style="list-style-type: none"> • Goulburn-Mulwaree • Kiama • Queanbeyan- Palerang • Shellharbour • Shoalhaven • Upper Lachlan • Wollongong • Yass Valley
2. Professional registration	<p>Providers must be currently accredited against the RACGP Standards for General Practices by an approved accrediting agency.</p>
3. Corporate Structure ACCHO's are exempt from this criteria.	<p>GP Practices must be independently owned and operated primary care practices.</p> <p>Corporate owned, corporate- operated, or investor- owned- practices are not eligible to apply under this Request for Proposal.</p> <p>For the purposes of this RFP, <i>corporate owned- or operated practices</i> are defined as practices that are wholly or partially owned, managed, or controlled by a corporate entity, private equity firm, or non-clinical parent organisation, including franchise or network models.</p>
4. Consortia and partnerships	<p>Applications from consortia or formal partnerships are NOT permitted.</p>
5. Practice Size ACCHO's are exempt from this criteria.	<p>The grant is available to small General Practices with a GP fulltime equivalent of \leq three (3)</p>
6. Service capacity	<p>Respondents must demonstrate the capacity to deliver the proposed services:</p> <ul style="list-style-type: none"> • Provide a referral and care pathway into the program for patients with CVD or who are recommended for a CVD Risk Assessment under the Australian CVD Risk Guidelines into the program • Provide workflows and practice support for Healthy Hearts clinics in the practice – the clinics will be staffed by the Healthy Hearts provider commissioned by COORDINARE (Silverchain Ltd) • Participate in the multidisciplinary care of patients in the program.
7. Digital capability ACCHO's are exempt from this criteria.	<p>Providers must be participating in the Sentinel Practices Data Sourcing (SPDS) with COORDINARE and have use clinical software and digital health tools, such as My Health Record, secure messaging, and telehealth platforms.</p>

8. Previous participation	Organisations that have been unsuccessful in previous funding rounds may be eligible to apply again, unless explicitly excluded. Prior performance may be considered during assessment.
9. Reporting Requirements	<p>Providers will be required to provide a service plan, a six (6) month and a twelve (12) month report in a format provided by the PHN. A sample format is provided at Attachment 2.</p> <p>A financial declaration will be required after the activity end date (30/06/2027)</p> <p><i>Key Performance Indicators</i></p> <ol style="list-style-type: none"> 1. The development of new or enhanced General Practice workflow processes resulting in better CVD risk assessment and management 2. Enable data sharing through access to the practice EMR at all levels of granularity i.e. client, episode of care and individual occasions of service levels with the Healthy Hearts Program staff 3. Enable access to any Medicare service activity that is related to the model of care
10. Priority populations	Providers working with a specific focus on identified priority populations, including, but not limited to, Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse communities are encouraged to apply.

Exclusion criteria

Applications may be deemed ineligible and excluded from assessment if they meet any of the following conditions. These criteria are intended to ensure transparency, avoid duplication of funding, and maintain the integrity of the procurement process.

Eligibility area	Guidance
1. State Government Services	Applications from state-run entities such as Local Health Districts, NSW Ambulance, or other government-operated services are excluded.
2. Conflict of Interest	Applications that present a real or perceived conflict of interest, which cannot be appropriately managed or mitigated, may be excluded from consideration.
3. Non-compliance with Eligibility	Any application that fails to meet the minimum eligibility requirements outlined in this guidance will be excluded from assessment.
4. Incomplete or Misleading Submissions	Applications that are incomplete, contain false or misleading information, or fail to provide required documentation may be disqualified.
5. Non-adherence to Submission Guidelines	Submissions that do not comply with formatting, deadline, or procedural requirements may be excluded from the process.

4. Project funding

The Healthy Heart Program is supported by funding from COORDINARE – South Eastern NSW PHN through the Australian Government’s PHN Program.

A total of up to **\$150,000 (ex GST)** will be dispersed through this RFP. Successful applicants will receive **\$15,000 (ex GST)**. **The payment for the HHP staff (RNs or AHPs) is managed in a separate commissioning process and does not form part of this RFP.** Service activity under this initiative will run for a duration of **12 months**, commencing from **01/07/2026** and concluding in **30/06/2027**. There are up to **ten (10)** individual grants available.

The one-off **\$15,000 grant (ex-GST)** can be used to support the costs associated with setting up and operating systems, processes (including staff induction, training, case-conferencing time) and a suitable workspace for the HHP staff to enable them to undertake the requirements of the HHP.

HHP staff deployed to the practice will be provided and employed by a third party (Silverchain Inc) commissioned by COORDINARE. Funding for this aspect of the program will be provided through the Commonwealth Government’s Multi-disciplinary Team Care Grant, and as such **activities undertaken by Silverchain staff cannot be billed through MBS items as per Medicare legislation**. This activity is also ineligible for WIP funding. GP or other practice staff activity delivered under the care pathway can be billed as normal.

This funding is subject to below “Funding Eligibility table”:

Funding eligibility table

Eligible for funding	Not eligible for funding
Salaries and on-costs for GP practice staff	Purchase of motor vehicles
Third-party contractor expenses	Capital works
IT and communications (e.g., software, hardware, internet, phones)	Depreciation of expenses
Travel costs, including vehicle lease, fuel, and related expenses	Activities that duplicate those funded under other PHN or government initiatives
Staff training and professional development	Activities already undertaken or expenses already incurred
Non-billable activities such as joint care planning and case conferencing	Items not directly related to patient outcomes
Other expenditure directly related to patient outcomes (must be specified)	Payments for professional services listed on the Medicare Benefits Schedule (MBS)
	Conference attendance

	Clinical trials
	Board fees

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

5. Application guidance and requirements

Respondents are advised to carefully review all sections of this RFP document and follow the outlined instructions, timelines, and documentation requirements to ensure a complete and compliant submission.

Requirement	Details
Writing effective submissions	<p>COORDINARE has developed a series of webinars and practical tools with University of New England (UNE) Partnerships, to provide primary care with foundation skills and knowledge to write effective tenders and submissions. Potential respondents may access these resources via our website here. These resources are designed to help potential providers confidently respond to funding opportunities and improve their chances of success.</p> <p>Please note: This is a guide only and does not guarantee success in tender applications. We encourage practices to use these resources as part of a broader strategy for professional development and business planning.</p>
Documents to download	<p>To download the below documentation, Refer to tenderlink and or website.</p> <ol style="list-style-type: none"> 1. Appendix 1 –Application Form (To be completed by applicants) 2. Attachment 1- Healthy Hearts Model of Care Provider V 2.3 3. Attachment 2- Healthy Heart GP activity workplan and reports <p>*Providers should check the COORDINARE website for any addenda to the RFP before submitting an application</p>
Industry Briefing	<p>Industry Briefing and Q&As via Teams (Click here).</p> <p>A copy of the recording and Q&A from this session will be provided within one business day on the COORDINARE website to all.</p>
Guidelines to provider	<ul style="list-style-type: none"> • Outline a proposed approach aligned with the assessment criteria using Appendix 1-Application Form. • Read each criterion carefully specified in Application Form and respond to all components. • Attach only documents directly relevant to your response. (Max 6 Pages). • If attaching large documents, specify relevant page numbers or sections. Avoid large attachments — only the first 6 pages will be reviewed. • Providers must ensure they are well-versed with the contents of this RFP document before preparing their submission. It is essential to read and understand the sections on Purpose and Objectives, Background of the Project, Qualification Criteria, and Funding of the Project prior to completing any forms or attaching supporting documents.

	<ul style="list-style-type: none"> • Successful respondents will be selected through a competitive process. Submissions will be evaluated by a panel against the mandatory requirements and the selection criteria outlined in the Application Form. If additional information beyond what is requested in this document is required during the evaluation, COORDINARE may request written responses or interviews at no cost to the organisation. • Successful respondents will be required to enter into a Grant Agreement with COORDINARE. Final terms will be negotiated with shortlisted providers. Funding recipients must provide progress reports aligned to agreed milestones, with reporting formats tailored to the size, cost, complexity, and risk of the project.
Provider questions	<p>Submit via the following</p> <ul style="list-style-type: none"> • All questions regarding the RFP process or content can be submitted by emailing the Commissioning team via commissioning@coordinare.org.au <p>Please note: that all questions, responses, and points of clarification will be shared with all participating providers in a de-identified format on COORDINARE website. Applicants are advised to check the website for any addenda or Q&A prior to submitting an application.</p> <p>Any identifying information about the organisation submitting the question will be removed to maintain confidentiality.</p>
Documents to submit	<ol style="list-style-type: none"> 1. Appendix 1 – Application form 2. Any mandatory compliance documents specified in Appendix 1 application 3. Any supporting documents to evidence any statements made in the application (6 Pages Maximum)
Submission method	<p>Submit via the following:</p> <ul style="list-style-type: none"> - Commissioning email: commissioning@coordinare.org.au
Deadline for submission	<p>5:00 PM (AEST) on 30/04/2026</p> <p>Late or incomplete submissions will not be accepted.</p>
Submission Format	<p>File formats accepted: word, excel, pdf and jpg files are all acceptable formats</p>

6. Interpretation

The following table includes key term definitions relevant to this RFP.

Requirement	Details
COORDINARE	The South Eastern New South Wales Primary Health Network and the organisation responsible for the RFP and the RFP process.

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

7. Conditions of this Request for Proposal

ABN/Taxation requirements	COORDINARE will only deal with Respondents who have an Australian Business Number (ABN).
Acceptance	Non complying submissions may be rejected. COORDINARE may not accept the lowest priced proposal and may not accept any proposal.
Additional information	COORDINARE reserves the right to request additional information from respondents. If additional information required by COORDINARE when, written information and/or interviews may be requested to obtain such information. Respondents are required to provide additional information at no cost to COORDINARE. COORDINARE may also provide additional information or clarification.
Assessment	COORDINARE reserves the right to engage a third party to carry out assessments of a Respondent's financial, technical, planning and other resource capability. COORDINARE is entitled to consider all information known to COORDINARE in relation to a respondent and their submissions when assessing submissions.
Conflicts of 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.
Expenses	All expenses and costs incurred by a Respondent in connection with this RFP including (without limitation) preparing and lodging a submission, providing COORDINARE with further information, attending interviews and participating in any subsequent negotiations, are the sole responsibility of the Respondent.
Explanations	Verbal explanations or instructions given prior to acceptance of a proposal shall not bind COORDINARE.

General	Respondents should familiarise themselves with this document and the separate online Submission Form and ensure that their proposals comply with the requirements set out in these documents. Respondents are deemed to have examined statutory requirements and satisfied themselves that they are not participating in any anti-competitive, collusive, deceptive or misleading practices in structuring and submitting the proposal.
Legal entity	COORDINARE will only enter into a contract with an organisation or individual with established legal status (e.g. under Corporations Law, Health Services Act, Trustee Act), or a natural person at least 18 years of age with mental capacity to understand the agreement.
Lobbying	Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.
Ownership	All submissions become the property of COORDINARE once lodged. COORDINARE may copy, or otherwise deal with all or any part of a submission for the purpose of conducting evaluation of submissions.
Negotiation	COORDINARE reserves the right to negotiate with short-listed Respondents after the RFP closing time and allow any Respondent to alter its submission. Contract negotiations are strictly confidential and not to be disclosed to third parties.
No contract	Nothing in this RFP should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this RFP or the lodgement of a submission in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place.
Notification of Probity Breach	Should any supplier feel that it has been unfairly excluded from responding or unfairly disadvantaged by the process, the supplier is invited to write to the Business Team at commissioning@coordinare.org.au
Part 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.
Process	COORDINARE reserves the right to withdraw from, or alter, the RFP process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.
Relevant Information	COORDINARE reserves the right to consider any information in its possession which it consider may be relevant to a decision to enter into a contract with a successful provider.

