

**Request for Tender:**

Optimising primary care coordination for people living in Residential Aged Care Homes (National Partnership Agreement)

**Request number:**

2024-86

**Closing Date:**

Friday 14<sup>th</sup> February 2025

**Submission method:**

[2024-86@wapha.org.au](mailto:2024-86@wapha.org.au)

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**\*\*\*SUBMISSION TO BE IN A SINGLE ZIP FOLDER\*\*\***

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## **PART A: BACKGROUND & INFORMATION**

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## 1. FORMAT OF REQUEST

This *Request* consists of four (4) PARTS as follows:

PART	DETAIL	ACTION
<b>A</b>	Part A - Request information and background.	Read and keep.
<b>B</b>	Part B - Conditions of Request	Read and keep.
<b>C</b>	Part C - Draft Agreement Documents - Consisting of the following attachments:	
	1 – Service Agreement	Read and keep.
	2 – Draft Activity Schedule	Read and keep.
<b>D</b>	Part D - Submission Forms - Consisting of the following attachments:	
	1 – Submission Form	Complete and submit.
	2 – Establishment Budget Template	Complete and submit.
	3– Service Delivery Budget Template	Complete and submit
	4 – Non-Conformance Schedule	Complete and submit if required.

### 1.1 Part A – Request Information and Background

This Part A provides background and information on the WA Primary Health Alliance (WAPHA) generally, and this Request specifically. It provides context and assistance to Respondent's in the expectations of WAPHA and the method in which to approach/complete documents. Information is provided on each of thus the documents provided in the Request and the expected actions (if any) Respondents are to take in relation to these documents.

### 1.2 Part B – Request Conditions

#### 1.2.1 General

The Conditions of Request in Part B of this Request contain important provisions regarding the nature of this Request and the consequences of the Respondent making a Submission. The Respondent is deemed to have read and considered the Conditions of Request, as well as all other documents which comprise this Request, prior to making a Submission.

#### 1.2.2 Submission Format

Respondents are to ensure that Submissions are to be submitted in a **single zip folder**.

Refer to section 5 of the Conditions of Request.

### 1.3 Part C – Draft Agreement Documents

#### 1.3.1 Service Agreement

The Services Agreement that will be used to enter into Agreements with the successful Respondent(s) is provided in draft format with this Request. This provides the form of the Agreement, including contractual terms and conditions.

Respondents are to review this document thoroughly and are required to indicate in the Submission Form provided in Part D either:

- a) that they accept the terms and conditions as presented; or
- b) that they have proposed amendments and complete the Non-Conformance Schedule detailing all proposed amendments including the reason/justification for each proposed amendment.

### 1.3.2 Activity Schedule

The draft Activity Schedule provided in this Request provides the detail of the services that will be provided by the successful Respondent(s) (including guidelines, reporting requirements, payment milestones and other requirements, etc.).

Some sections of the final Activity Schedule may be completed using information provided in Respondents Submissions (such as locations of services, modality of service provisions, sub-contractors, etc.). These areas will be indicated as such in the draft Activity Schedule.

Respondents are to review this document thoroughly and are required to indicate in the Submission Form provided in Part D either:

- a) that they accept the draft Activity Schedule as presented (acknowledging that some parts will be subject to finalisation using information provided in their Submission); or
- b) that they have proposed amendments and complete the Non-Conformance Schedule detailing all proposed amendments including the reason/justification for each proposed amendment.

## 1.4 Part D – Submission Forms

### 1.4.1 Submission Form

Respondents are to complete and submit this document in accordance with the questions and information requested in the form.

#### a) Prequalification Questions

Where a Respondent answers “No” to a prequalification question this indicates that the Respondent is not a suitable provider of the required services. A Respondent who answers “No” to a prequalification question is strongly advised to consider whether to make a Submission.

#### b) Disclosure and Compliance Questions

Answers to disclosure and compliance questions will not preclude a Respondent’s Submission from being evaluated or considered. The responses to these questions will assist the PHNs in assessing inherent risks, financial sustainability and stability of the Respondent and information that is required for the Activity Schedule.

#### c) Qualitative Requirements

Responses to the Qualitative Criteria are designed to demonstrate the Respondent’s capacity, experience, suitability of proposed model, and its understanding of the PHNs’ requirements.

Responses should ensure that claims or statements made to address any aspect of the Qualitative Criteria are supported through the use of examples.

#### d) Addressing Capability and Capacity

When providing information regarding organisational capacity and capability Respondents should assume that the persons evaluating the Submissions have no prior knowledge of the Respondents activities, experience or any previous work undertaken.

### 1.4.2 Budget Templates

Respondents are to complete and submit these documents in accordance with the templates provided. These document when completed will assist WAPHA in assessing the financial aspects of the proposed model and to compare the value for money outcomes (when considered in concern with the associated completed Submission Form).

Where a Respondent proposes to provide services in more than one PHN it is required submit a separate Budget for each PHN region.

#### 1.4.3 Non-Conformance Schedule

Respondents are complete and submit this document (if required) detailing any non-conformances or proposed changes that it has relied upon in making its Submission to either or both of the draft:

- a) Services Agreement; or
- b) Activity Schedule.

Proposed changes to either of these documents will not preclude a Submission from being considered but may require negotiation and discussion (depending on the detail of the proposed changes).

## 2. WAPHA BACKGROUND AND INFORMATION

### 2.1 General

In the 2014 Federal Budget the Australian Government announced the establishment of Primary Health Networks (PHN's).

In early 2015, the Commonwealth Government entered into funding agreements with the Western Australian Primary Health Alliance (WAPHA) to operate Western Australia's three PHN's: Perth North; Perth South; and Country WA commencing on 1<sup>st</sup> July 2015.

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical 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.

To achieve this, the PHNs are expected to be commissioners of healthcare services and not providers of healthcare services.

WAPHA is responsible for the purchasing and commissioning of high quality, locally relevant and effective health services in PHN Regions, by engaging providers who have the necessary and relevant expertise. In doing so WAPHA is to achieve value for money outcomes.

Further information can be obtained from the following websites:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>

and

<http://www.wapha.org.au/>

## 3. REQUEST BACKGROUND AND INFORMATION

### 3.1 Background

The NPA- Optimising primary care coordination for people living in Residential Aged Care Homes (RACHs) was implemented by WAPHA in January 2023.

Funding was received from WA Health to recruit four aged care organisations to participate in this project. The aged care organisations each had to recruit a Case Coordinator to implement the utilisation of Palliative Care

assessment tools across the eight RACH sites- these tools support the identification of expected deterioration and anticipatory care planning.

This project has resulted in a reduction of unnecessary hospitalisations for residents at the end of their lives and has supported over 90% of people to pass away in their documented place of choice.

Funding was extended from 30/06/2024 until 30/10/2024. A second extension to this project was confirmed by WA Health with two requirements:

- a) An extension for three of the four original providers until 28/02/2025 and
- b) Recruitment of four new Aged Care Providers from 01/03/2025- 30/06/2026.

This Tender is for Phase 2 of the “NPA: Optimising primary care coordination for people living in RACH’s”.

Following the successful completion of Phase 1 which delivered a number of positive outcomes for residents, staff and each organisation, the project has been refined and the following activities have been identified:

1. Coordinating case conferencing within participating RACHs, through activities such as:
  - Identification of residents who would benefit from case conferencing.
  - Liaising between the resident and their family/carer, GP, RACH health care team, specialist palliative care provider and other clinicians according to the needs to set-up and participate in case conferencing.
  - Increase RACH staff capability to facilitate routine case conferencing.
  - Promotion and utilisation of applicable MBS items to support GP service delivery.
2. Facilitating resident and GP access to specialist care, including integration of existing specialist palliative care providers such as:
  - Health Service Providers (HSPs).
  - Metropolitan Palliative Care Consultancy Service (MPaCCS).
  - Other specialist palliative care providers.
3. Delivery of quality improvement activities to build the capability of RACH staff and GPs to deliver quality generalist palliative care, including:
  - The coordination of care and health services for residents.
  - The proactive management of resident health care, including residents’ access to timely and appropriate medication.
  - Integrating and supporting existing care planning resources such as ACP, RGoC and PACOP to recognise and respond to deterioration.
  - Coordinate targeted education via existing providers and provide / facilitate opportunistic education responsive to RACH workforce needs.
4. Developing and integrating improved processes in RACHs, such as:
  - After-hours planning and escalation pathways.
  - GP engagement pathways (when to call).
  - Effective utilisation of in-hours and out-of-hours health care services.
  - Supporting GPs and RACHs to increase availability and use of telehealth care for their residents.
  - Palliative care needs round models.

### 3.2 Request Briefing

A non-mandatory meeting will be held via Microsoft Teams on Friday 24 January at 1.00pm (AWST) .

Please register your interest to

[2024-86@wapha.org.au](mailto:2024-86@wapha.org.au) and a Teams invite will be emailed.

### 3.3 Anticipated Timeframe

At the time of issuing this Request, WAPHA anticipates the following timeframe for the completion of the process.

Request open	Friday, 17 January 2025
Tender briefing	Friday, 24 January 2025
Close date for queries	Friday, 7 February 2025
Close date for submissions	Friday, 14 February 2025
Completion of evaluation of Submissions	Friday, 21 February 2025
Notification of Outcome	Monday, 31 March 2025