

## **Request for Proposal (RFP)**

### **Early Psychosis Youth Services Lead Agency (PAC096A)**

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#### **Introduction**

Capital Health Network (CHN) is the Primary Health Network (PHN) for the ACT. PHNs have been established by the Australian Government with the key objectives of:

- increasing 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.

CHN has received federal funding to commission an Early Psychosis Youth Service (EPYS) in the ACT. The EPYS program aims to reduce the incidence and severity of psychosis within the community through prevention, early detection, and coordinated care delivery.

## Part A: Reference Schedule

Information in this Reference Schedule must be read in conjunction with **Part E** of this RFP.

<b>Item 1</b>	<b>RFP Reference</b>	<b>PAC096A– Early Psychosis Youth Services Lead Agency</b>
<b>Item 2</b>	<b>Key contact during RFP process</b>	Name: Stephanie Lentern Email: <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a>
<b>Item 3</b>	<b>Timetable*</b>	
	RFP issued	Monday 3 <sup>rd</sup> July 2023
	Briefing Session	10:00am Tuesday 11 <sup>th</sup> July 2023 <i>Please register your interest in attending the briefing session by emailing <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a>.</i>
	End of period for questions or requests for information**	5:00pm Friday 4 <sup>th</sup> August 2023
	Closing time and date	5:00pm Monday 14 <sup>th</sup> August 2023
<b>Item 4</b>	<b>Lodgement</b>	
	Lodgement instructions	<p>Responses must be submitted on Request for Proposal template provided. Responses to be emailed (as PDF) to <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a>.</p> <p>Email subject line to include: <b>PAC096A RFP [respondent name or organisation]</b>.</p> <p>All responses must respond to the Statement of Requirements (Part B) in consideration of the assessment criteria (Part C), compliance and assurance requirements (Part D) and the standard Conditions of the RFP Process (Part E).</p>
<b>Item 5</b>	<b>Additional materials and information</b>	<ul style="list-style-type: none"> <li>• EPPIC Model and Service Implementation Guide</li> <li>• Orygen EPPIC Model Briefing Pack</li> <li>• Australian Clinical Guidelines for Early Psychosis</li> <li>• Revised EPPIC Model Integrity Tool</li> <li>• Roles and responsibilities in the commissioning (new &amp; existing) of the headspace Early Psychosis program</li> </ul>
<b>Item 6</b>	<b>Additional Rules</b>	Nil

\* May be changed by CHN in accordance with the Conditions of the RFP Process set out in Part E of this RFP.

\*\* Questions or requests for information **must** be submitted via [tenders@chnact.org.au](mailto:tenders@chnact.org.au) using the subject heading **PAC0096A – Questions**.

## Part B: Statement of Requirements

### Overview of Program

In 2022, the Australian government committed to providing funding via Capital Health Network (CHN), the ACT's Primary Health Network, for the establishment of an Early Psychosis Youth Services (EPYS) Program in the ACT. This, alongside the establishment of a site in Tasmania, will create a national network for early psychosis care for young people, delivered through the recognisable headspace brand.

The EPYS program began in 2014, delivering early intervention services for young people aged 12 to 25 identified as experiencing a first episode of psychosis (FEP), as well as those identified as ultra-high risk (UHR) for the development of psychosis in the future.

Based on the Early Psychosis Prevention and Intervention Centre (EPPIC) Model, the EPYS program provides assessments, crisis response, medical and psychological treatments, long-term care coordination, group programs, peer and family support, and functional recovery interventions. The EPYS team comprises three sub-teams- the Mobile Assessment and Treatment Team (MATT), the Continuing Care Team (CCT), and the Functional Recovery Team (FRT)- and operates out of headspace locations as headspace Early Psychosis (hEP). Please refer to the additional materials and information for more detail, including further explanation of the EPPIC Model, clinical guidelines, and stakeholder roles in the commissioning & establishment process for hEP services.

The EPYS Program will be hereafter referred to as headspace Early Psychosis (hEP), unless referencing the national EPYS Program.

### Problem Statement

#### *National Perspective*

Psychosis affects many people in Australia. While exact figures vary, it is estimated that approximately 0.5% of adults will experience a psychotic illness in any given 12 months, with a lifelong prevalence of approximately 4%. Applied to the Australian population as of 2022, this indicates roughly 13,000 individuals experiencing psychosis per year and just over 1 million lifetime cases. While considered a low prevalence condition, Psychosis Australia notes that psychotic disorders account for more than 75% of public mental health services expenditure, placing significant burden on the mental health system.

Crucially, 50% of people who develop a psychotic disorder will do so by the time they are in their early 20s- severely impacting young people during a period of major growth and social contribution. However, research suggests that early identification and intervention is highly effective in improving overall outcomes, is cost effective, and may even be able to prevent onset of psychotic disorders.

This research forms the rationale for the hEP program. The program targets individuals during the period of highest risk of onset, intervenes early to reduce the impact on functioning, and provides coordinated, long-term support. These elements assist young people to develop stable, fulfilling and happy lives with as minimal impact of psychosis as possible.

### *Local Perspective*

Canberra has the second-lowest average age of all Australian capital cities, reflecting the large proportion of residents between 20 and 30 years of age. It also contains the two youngest suburbs in Australia- Acton and Duntroon. The late teenage and early adulthood years are the peak age of onset for psychotic disorders, making establishing a hEP service in the ACT a key priority for alleviating potential functional impacts and preventing future episodes.

The EPPIC Modelling Tool, which provides service usage estimates, suggests that a hEP service in the ACT could expect approximately 550 new referrals per year. Of these, it models that the service would accept around 115 new FEP cases and 60 new UHR cases. hEP services are not restricted to jurisdictional boundaries, and thus would also accept referrals and provide outreach to the ACT border regions (up to a one-hour drive from the operational hub). The hEP service is designed around a full workforce of 25-30 FTE- however, this level of staffing is not expected to be reached until approximately 18 months to 2 years into service delivery. It is anticipated that the service will scale up over an extended period of time, supporting recruitment and allowing appropriate responses to local need. Finally, the ACT hEP service is planned to operate out of headspace Canberra, and this partnership will involve the selection of an appropriate site for the relocation of headspace Canberra.

CHN acknowledges the presence of the Specialist Youth Mental Health Outreach (SYMHO) team, which is operated by Canberra Health Services (CHS) and provides early psychosis care to a similar cohort. CHN and CHS, along with the ACT Health Directorate, Department of Health and Aged Care, headspace National, and Orygen, have agreed to pursue long-term integration of these two services, and the hEP service provider will be required to participate in this process. This initial partnership effort has identified an approximate goal of the development of a formal integrated services agreement by early 2025.

In order to reduce short-term service duplication, hEP will also need to work closely alongside CHS and SYMHO to identify priority populations, reduce fragmentation, and support young people to access the most appropriate care for their needs. This will include planning for the potential co-location of SYMHO alongside the new headspace Canberra and hEP site.

### **Services Required**

The successful applicant will be required to develop, establish, and provide the EPYS Program in the ACT as a headspace Early Psychosis (hEP) service. This will include ensuring that the service meets all requirements under EPPIC model fidelity and the headspace National Trade Mark Licence Deed. The ACT hEP will be operating as an integrated service with headspace Canberra. Services to be provided include:

#### Develop

- Consult with relevant stakeholders, including young people, mental health consumers and carers, local peak bodies, and other mental health service providers regarding localisation of the EPYS program for distinct ACT population needs.
- Consider and plan for the delivery of integrated services with headspace Canberra, including creating pathways for intake/referral, fostering team relationships, and aligning public-facing promotional efforts.

- Collaborate with stakeholders to support the integration of the hEP service with existing ACT services, including within mental health, health, community services, justice, and education- as well as considering private services.
- Identify physical site needs for the hEP service alongside CHS, headspace National, and the provider for headspace centres in the ACT, work with the hEP property consultant to view and shortlist appropriate locations, and assist with the procurement process for the selected site.
- Work closely with CHS and the SYMHO team to identify risks, reduce duplication, align communication strategies, and foster collaboration between services. This will also include ongoing participation to explore the potential integration of the hEP and SYMHO services, beginning early in the establishment process.

#### Establish

- Work in close collaboration with Capital Health Network, Orygen, and headspace National in the establishment of a hEP service in the ACT by 1<sup>st</sup> April 2024.
- Interface with headspace National and headspace Canberra to contribute to the design and fit-out of hEP spaces and the new headspace Canberra site, as well as supporting the relocation of headspace Canberra as needed.
- Interface with CHS to support the intended co-location of the SYMHO team with the hEP service and develop pathways for initial cooperation between the services.
- Recruit a skilled, multidisciplinary operational and clinical workforce that meets all operational requirements, and support appropriate training in youth psychosis.
- Develop effective operational and clinical governance, including appropriate processes for risk identification, mitigation, and management.
- Engage in consultations with a range of community stakeholders within and associated with the youth mental health sector to support model localisation, service design, systemic communication, service promotion, and other establishment activities.

#### Provide

- Deliver ongoing core elements of the hEP service, meeting all KPIs, contractual requirements, and key objectives, and ensuring integration of hEP with the headspace Canberra primary platform.
- Comply with the headspace Trade Mark Licence Deed, including collection of hEP service activity data via the headspace Early Psychosis module of hAPI.
- Maintain service fidelity to the EPPIC Model, and participate in fidelity activities, assessments, and professional development opportunities.
- Identify opportunities to foster community awareness and education on the topic of psychosis and youth mental health, supporting early case detection.
- Operate from an optimistic, person-centred, recovery focused, and trauma-informed perspective.
- Participate in the long-term development of an integrated service model that improves upon the hEP and SYMHO services and ultimately delivers the best possible form of early psychosis care for young people in the ACT.

### Key Objectives

The required outcomes and key performance indicators (KPI) for this program are reflected in the below KPI table. Please note these outcomes and KPIs will be negotiable between the identified preferred lead agency and key stakeholders, including CHN, headspace National, and Orygen, and are subject to changes as necessary in the final contract.

	Intended outcomes	Indicators to achieve outcomes	Target
1	The hEP service is easy for young people, their supports, and referrers to access, and is able to respond rapidly to these potential new clients.	Assessments for suspected first-episode psychosis (FEP) are conducted face-to-face within 72 hours from referral to hEP	Data to be provided to establish baseline.
		Assessments for suspected ultra-high risk (UHR) young people are conducted face-to-face within 5 days from referral to hEP	Data to be provided to establish baseline.
		Assessments for suspected FEP or UHR, with an identified significant risk of harm, are conducted within 48 hours from referral to hEP	≥ 80%
2	Young people experiencing first-episode psychosis (FEP) or at ultra-high risk (UHR) are effectively identified, treated appropriately, and supported with clinical best practice.	Young people in the hEP program are offered physical health screening at least every 90 days	Data to be provided to establish baseline
		Young people with suspected UHR are assessed using the Comprehensive Assessment of At Risk Mental States (CAARMS) tool	≥ 80%
3	Ongoing care provided to young people by the hEP team is clinically effective, addresses situational needs and complexities, and follows person-centred, trauma-informed principles.	Young people are seen in-person, at a place of their choosing that is not the hEP site, during the duration of their care	≥ 80%
		Ratio of clients who have dropped out of the program in the last 12 months to total caseload	< 0.25 (1 in 4)
		Percentage of clients experiencing reduced levels of psychological distress and/or frank psychotic symptoms, measured per 6 months and compared to assessment at hEP admission	≥ 80%
		Percentage of clients experiencing an increased level of functioning, measured per 6 months and compared to assessment at hEP admission	≥ 50%
4	Young people accessing the service have a positive experience within hEP.	Young people accessing the service report positive experiences of access and entry via user feedback mechanisms	Data to be provided to establish baseline

		Young people accessing the service report feeling safe and supported by staff via user feedback mechanisms	Data to be provided to establish baseline
		Young people accessing the service report feeling satisfied with the care received via user feedback mechanisms	Data to be provided to establish baseline
5	The families, carers, and other supports for young people within the hEP service are recognised and offered dedicated assistance.	Family (or other key supports) of young people accessing the service report positive experiences of access and entry via user feedback mechanisms	Data to be provided to establish baseline
		Family (or other key supports) of young people accessing the service report feeling satisfied with the support they and the young person have received via user feedback mechanisms	Data to be provided to establish baseline
6	Community awareness and knowledge of psychosis, including key risk factors, is increased	Number of unique sources of referrals to the hEP service (including self-presentations)	Data to be provided to establish baseline.
		Evidence of frequent communication with first-contact individuals and groups (e.g., GPs, allied health practitioners, young people, families and community groups, etc.) on a range of relevant topics, including psychosis features, case detection, prevention, and navigation/referrals.	Evidence of education, outreach, or support provided
7	Young people not eligible for admission to the hEP service are supported to access other relevant and appropriate forms of care	Young people not eligible for the hEP service are provided a direct warm referral to relevant alternative care	≥ 80%

**Anticipated Timeframes**

This procurement activity will be undertaken in accordance with the below timeframes:

Stage 1 – Request for Proposals:

- Request for Proposal released – Monday 3<sup>rd</sup> July
- Briefing – Tuesday 11<sup>th</sup> July
- End of period for questions or requests for information – 5:00 pm Friday 4<sup>th</sup> August
- Proposal closes - 5:00 pm Monday 14<sup>th</sup> August

Stage 2 – Review of Submission:

- Review of proposals by Wednesday 30<sup>th</sup> August
- Preferred Lead Agency identified by Friday 15<sup>th</sup> September

**Stage 3 – Contract Negotiation:**

- Contract negotiation finalised by Friday 29<sup>th</sup> September

**Stage 4 – Establishment:**

- Establishment from October 2023 to March 2024

**Stage 5 – Services Commence:**

- Services to commence by Thursday 1<sup>st</sup> April 2024

**Service Agreements and Deliverable/Reporting Requirements**

Services Orders will commence on execution of the agreement and continue until 30 June 2025. Indicative deliverable requirements are detailed below. All plans, service model documents, and associated Operational Guidelines will require approval by headspace National and Orygen prior to service commencement. These items and timeframes will be finalised during contract negotiation.

Deliverable	Timeframe
Project Plan, including addressing scale-up of services and Stakeholder Engagement Plan	Within two months of contract execution date
Service Model documents and associated Operational Guidelines	Within two months of contract execution date
Marketing and Communications Plan	Within two months of contract execution date
Recruitment Strategy and Timeline	Within two months of contract execution date
Commencement of Service Delivery	Service commencement by 1 <sup>st</sup> April 2024
Performance and Financial reporting	Six-monthly
Status meetings and reporting	Fortnightly until service delivery implementation; bi-monthly for the first 6 months and quarterly thereafter

**Anticipated Service Budget**

Funding will be made available following the execution of the future agreement with CHN through to 30 June 2025. The anticipated amount of funding (exclusive of GST) available will be:

	2023-2024	2024-25	Total
<b>Total</b>	\$7,099,690.14	\$5,609,632.71	\$12,709,322.85

Anticipated 2023-24 funding, as above, includes 2022-2023 establishment funding rollover of \$1,626,943.00 and 2023-24 service delivery funding of \$5,472,747.14. Service delivery underspends are anticipated and will be explored.

## Part C: Assessment Criteria

The following criteria will be used to assess proposals.

Assessment Criteria	Weighting
<p><b>1. Local Vision</b> (<i>max. 750 words</i>)            Articulate your vision for the role of the headspace Early Psychosis service in the ACT, including:</p> <ul style="list-style-type: none"> <li>• Understanding the unique needs of the target population, the needs of marginalised and at-risk communities, including service accessibility, and general youth demographics of the ACT and surrounds;</li> <li>• Accounting for the participation of young people, and their supports, in the design and ongoing operation of the service, including ensuring alignment with the EPPIC model guiding principles;</li> <li>• Outlining how this service would work within in the ACT mental health care landscape and how it may establish connections with other key services, including integration with headspace Canberra &amp; SYMHO;</li> <li>• Defining pathways for ongoing collaboration with CHS and the SYMHO service, in order to reduce duplication, identify strengths, support referrals to tertiary services, and in the long term develop a model for integrated early psychosis care.</li> </ul>	<p><b>15%</b></p>
<p><b>2. Experience</b> (<i>max. 750 words</i>)            Demonstrate experience in providing mental health support services, including;</p> <ul style="list-style-type: none"> <li>• Effective provision of care to individuals experiencing complex mental health problems- applicants are encouraged to outline any specific expertise or experience in;               <ul style="list-style-type: none"> <li>○ Long-term case management (up to 5 years)</li> <li>○ Complex mental health problems in young people</li> <li>○ First-episode psychosis</li> <li>○ Ultra-high risk of psychosis</li> <li>○ Navigating step-up/step-down supports</li> <li>○ Navigating referrals to tertiary care services</li> </ul> </li> <li>• Skilled use and understanding of multiple types of mental health interventions and treatments;</li> <li>• Accommodation of individual client needs, including the provision of culturally appropriate care and modifications made to care processes to increase youth-friendliness;</li> <li>• Engagement with health professionals, community members, and other stakeholders to deliver mental health education and/or awareness efforts; and,</li> </ul>	<p><b>15%</b></p>

<ul style="list-style-type: none"> <li>The creation of treatment plans that are customised to individual goals, and that coordinate multiple types or sources of support to provide integrated mental health care.</li> </ul>	
<p><b>3. Governance Structure and Systems</b> (<i>max. 1500 words</i>)</p> <p>Outline your proposal for key governance structures and systems for the headspace Early Psychosis service, which may be based on existing governance within your organisation and incorporates considerations for:</p> <ul style="list-style-type: none"> <li>Clinical management, including case detection and formulation, crisis intervention, treatment, ongoing recovery-focused care, the role of family and other supports, and discharge from the service;</li> <li>Meaningful involvement of young people, their families or other supports, and people with lived experience in service design, delivery, review, and improvement;</li> <li>Risk identification and mitigation, incident management, provisions for staff and client safety, and protocols for client escalation;</li> <li>Quality improvement, community feedback or complaints, and EPPIC fidelity assessments;</li> <li>Clinical responsibility, accountability, decision making, and reporting processes;</li> <li>Partnerships and communication with other providers and services;</li> <li>Staff recruitment, management, supervision, performance reviews, professional development, credentialing, and wellbeing;</li> <li>Cultural safety and community consultation;</li> <li>Data governance;</li> <li>Any inter-agency cooperation that may be required during the establishment of the hEP service; and,</li> <li>A commitment to actively collaborate with Canberra Health Services and the SYMHO team to foster coordinated mental health care and develop an integrated early psychosis intervention model.</li> </ul>	<p><b>35%</b></p>
<p><b>4. Recruitment and Staffing</b> (<i>1 page staffing profile and max. 750 word response</i>)</p> <p>Provide a high-level projected staffing profile and detail a proposed recruitment strategy, in accordance with the requirements of the service and EPPIC fidelity. This strategy should acknowledge the key role of psychiatry in the hEP service and address recruitment for this cohort specifically. Other elements may include;</p> <ul style="list-style-type: none"> <li>Effective utilisation of multidisciplinary skills;</li> <li>Innovative approaches to possible recruitment challenges;</li> <li>Recognising the value of lived &amp; living experience and peer work;</li> <li>Consideration for the scaling-up of service delivery;</li> <li>Any key successes in prior recruitment efforts; and/or,</li> </ul>	<p><b>20%</b></p>

<ul style="list-style-type: none"> <li>Options to incorporate student clinical placements in the service.</li> </ul>	
<p><b>5. Budget and Value for Money</b> (<i>max 1 page itemised budget and max. 500 word response</i>).</p> <p>The proposal must include an itemised budget and an explanation of how the proposal is going to deliver value for money. This budget should include considerations for:</p> <ul style="list-style-type: none"> <li>Recruitment and staffing (reflecting any costs or needs identified in Question 4);</li> <li>Establishment costs (e.g., project management, community remuneration, site fitting &amp; furnishing, initial promotion);</li> <li>Ongoing operational costs; and,</li> <li>Professional development, education, awareness, and promotion.</li> </ul> <p>These considerations are not necessarily exhaustive and applicants are welcome to include additional items in order to provide greater detail. Service delivery administrative &amp; other costs are not to exceed 14.5%. Applicants are encouraged to budget in accordance with anticipated expenditure, and any service underspends will be discussed during contract negotiation.</p> <p>Applicants should note that costs associated with the leasing, fitting, and furnishing of the building/site housing hEP will be partially covered by funding and existing furnishing supplies contributed from headspace Canberra.</p>	<p><b>15%</b></p>

## Part D: Additional Requirements, Assurance and Compliance Considerations

Additional Requirements
<p>The following information should be included in your response to the RFP (space provided):</p> <ol style="list-style-type: none"> <li>Evidence of communication with Canberra Health Services in relation to the headspace Early Psychosis service</li> <li>Overview of your current organisational structure</li> <li>Any existing organisation-level clinical and corporate governance frameworks</li> </ol>
Assurances and Compliance
<p>The following information should be included in your response to the RFP (space provided):</p> <ol style="list-style-type: none"> <li>Conflict of Interest</li> <li>Insurances</li> <li>Accreditation/Registration certification (as appropriate)</li> </ol>

## Part E: Conditions of the RFP Process

### 1. Application of these rules

Participation in the RFP Process is subject to compliance with the rules contained in this **Part E**.

All persons (whether or not they submit an RFP) having obtained or received this RFP may only use it, and the information contained in it, in compliance with the rules set out in this **Part E**.

All Respondents are deemed to accept the rules contained in this **Part E**.

The rules contained in this **Part E** of the RFP apply to:

- a. the RFP and any other information given, received or made available in connection with the RFP including any additional materials specified in **Reference Schedule (Part A)** and any revisions or addenda,
- b. the RFP Process, and
- c. any communications (including any Briefings, presentations, meetings or negotiations) relating to the RFP or Process.

### 2. Structure of Request for Proposal

This RFP consists of the following parts:

**Introduction** – contains an overview of the opportunity presented in, and the objectives of, this RFP.

**Part A – Reference Schedule**

**Part B - Statement of Requirements** describes the Goods and/or Services in respect of which CHN invites proposals from invited suppliers.

**Part C – Assessment Criteria**

**Part D – Additional Requirements, Assurance and Compliance Considerations**

**Part E - Conditions of the RFP Process** sets out the rules applying to the RFP documents and to the Process. These rules are deemed to be accepted by all Respondents and by all persons having received or obtained the RFP.

### 3. Request for Proposal

#### 3.1 Status of RFP

This RFP is not an offer. It is an invitation for potential Suppliers to submit a proposal for the provision of the Goods and/or Services set out in the Statement of Requirements contained in Part B of this RFP.

Nothing in this RFP is to be construed as creating any binding contract for the supply of the Goods and/or Services (express or implied) between CHN and any Respondent until CHN and a Respondent enter into a final, binding contract.

### **3.2 Accuracy of RFP**

While all due care has been taken in connection with the preparation of this RFP, CHN does not warrant the accuracy of the content of the RFP and CHN will not be liable for any omission from the RFP.

### **3.3 Additions and amendments**

CHN reserves the right to change any information in or to issue addenda to this RFP.

### **3.4 Representations**

No representation made by or on behalf of CHN in relation to the RFP (or its subject matter) will be binding on CHN unless that representation is expressly incorporated into any contract(s) ultimately entered into between CHN and a Respondent.

### **3.5 Licence to use and Intellectual Property Rights**

Suppliers obtaining or receiving this RFP and any other documents issued in relation to this RFP may use the RFP and such documents only for the purpose of preparing a proposal.

Such Intellectual Property Rights as may exist in the RFP and any other documents provided to Respondents by or on behalf of CHN in connection with the Process are owned by (and will remain the property of) CHN except to the extent expressly provided otherwise.

### **3.6 Availability of additional materials**

Additional materials (if any) may be accessed in the manner set out in the **Reference Schedule (Part A)**.

## **4. Communications during the RFP Process**

### **4.1 Key contact**

All communications relating to the RFP and the Process must be directed to the Key Contact by email to [tenders@chnact.org.au](mailto:tenders@chnact.org.au)

### **4.2 Requests for clarification or further information**

Any communication by a Respondent to CHN will be effective upon receipt by the Key Contact (provided such communication is in the required format).

CHN may restrict the period during which it will accept questions or requests for further information or for clarification and reserves the right not to respond to any question or request, irrespective of when such question or request is received.

Except where CHN is of the opinion that issues raised apply only to an individual Respondent, questions submitted and answers provided will be made available to all potential Suppliers via email from [tenders@chnact.org.au](mailto:tenders@chnact.org.au) at the same time without identifying the person or organisation having submitted the question.

A Respondent may, by notifying the Key Contact in writing, withdraw a question submitted in accordance with this **section 4.2**, and only if the question remains unanswered at the time of the request.

#### **4.3 Improper assistance**

Respondents must not seek or obtain the assistance of Directors, employees, agents, contractors or service providers (with respect to this RFP) of CHN in the preparation of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has sought or obtained such assistance.

#### **4.4 Anti-competitive conduct**

Respondents and their respective officers, employees, agents and advisers must not engage in any collusion, anti-competitive conduct or any other similar conduct with any other Respondent or any other person in relation to the preparation, content or lodgement of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has engaged in such collusive or anti-competitive conduct.

#### **4.5 Complaints about the RFP Process**

Any complaint about the RFP Process must be submitted to the Key Contact in email to [tenders@chnact.org.au](mailto:tenders@chnact.org.au) immediately upon the cause of the complaint arising or becoming known to the Respondent. The written complaint statement must set out:

- a. the basis for the complaint (specifying the issues involved)
- b. how the subject of the complaint (and the specific issues) affect the person or organisation making the complaint
- c. any relevant background information, and
- d. the outcome desired by the person or organisation making the complaint.

### **5. Submission of Proposals**

#### **5.1 Lodgement**

Respondent proposals must be lodged only by the means set out in the **Reference Schedule (Part A)**.

#### **5.2 Late proposals**

Proposals must be lodged by the Closing Time set out in the **Reference Schedule (Part A)**. The closing time may be extended by CHN in its absolute discretion.

Proposals lodged after the closing time or lodged at a location or in a manner that is contrary to that specified in this RFP will be disqualified from the Process and will be ineligible for consideration, except where the Respondent can clearly demonstrate (to the reasonable satisfaction of CHN) that late lodgement of the proposal:

- a. resulted from the mishandling of the Respondent proposal by CHN; or
- b. was hindered by a major incident and the integrity of the Process will not be compromised by accepting a proposal after the closing time.

The determination of CHN as to the actual time that a proposal is lodged is final. Subject to **Section (a) and (b)** above, all proposals lodged after the closing time will be recorded by CHN, and will only be processed for the purposes of identifying a business name and address of the Respondent. CHN will inform a Respondent whose proposal was lodged after the closing time of its ineligibility for consideration.

## **6. RFP documents**

### **6.1 Format and contents**

Respondents must ensure that:

- a. their proposal is presented on the required template, and
- b. all the information fields in the RFP template are completed and contain the information requested
- c. links to websites or online documents must not be included in the proposal as they will not be reviewed by CHN.

**CHN may in its absolute discretion reject a proposal that does not include the information requested or is not in the format required.**

Unnecessarily elaborate proposals beyond what is sufficient to present a complete and effective RFP are not desired or required.

Word limits where specified should be observed and CHN reserves the right to disregard any parts of the proposal exceeding the specified word limit.

Respondents should fully inform themselves in relation to all matters arising from the RFP, including all matters regarding CHN's requirements for the provision of the Goods and/or Services.

### **6.2 Illegible content, alteration and erasures**

Incomplete proposals may be disqualified or evaluated solely on the information contained in its proposal.

CHN may disregard any content in a proposal that is illegible and will be under no obligation whatsoever to seek clarification from the Respondent.

CHN may permit a Respondent to correct an unintentional error in its proposal where that error becomes known or apparent after the Closing Time, but in no event will any correction be permitted if CHN reasonably considers that the correction would materially alter the substance of the proposal.

### **6.3 Obligation to notify errors**

If, after a proposal has been submitted, the Respondent becomes aware of an error in the proposal (excluding clerical errors which would have no bearing on the assessment of the proposal) the Respondent must promptly notify CHN of such error.

#### **6.4 Preparation of proposals**

CHN will not be responsible for, nor pay for, any expense or loss that may be incurred by Respondents in the preparation of their proposal.

#### **6.5 Disclosure of Respondent contents and information**

All proposals will be treated as confidential by CHN. CHN will not disclose proposal contents and information, except:

- a. as required by Law
- b. for the purpose of investigations by the Australian Competition and Consumer Commission (ACCC) or other government authorities having relevant jurisdiction
- c. to external consultants and advisers CHN engaged to assist with the Assessment Process
- d. to other government departments or agencies in connection with the subject matter of the related Commonwealth programme or Process, or
- e. general information from proposals required to be disclosed by government policy.

CHN does however, reserve the rights to benchmark costings against relevant industry standards and across other primary health network organisations.

#### **6.6 Use of proposals**

Upon submission in accordance with the requirements of **Section 5** of this **Part E** and the **Reference Schedule (Part A)**, all proposals become the property of CHN. Respondents will retain all ownership rights of intellectual property contained in the proposal. The submission of a proposal does not transfer to CHN any ownership interest in the Respondent's intellectual property rights, or give CHN any rights in relation to the proposal, except as expressly set out below.

Each Respondent, by submission of their proposal, is deemed to have licensed CHN to reproduce the whole, or any portion, of their proposal for the purposes of enabling CHN to evaluate the proposal.

#### **6.7 Withdrawal of proposal**

A Respondent who wishes to withdraw a proposal previously submitted by it must immediately notify CHN of that fact. Upon receipt of such notification, CHN will cease to consider that proposal.

### **7. Capacity to comply with Statement of Requirements**

**Part B** of this RFP gives a statement of CHN requirements with regard to the Goods and/or Services the subject of this RFP. It will be assumed that each Respondent will be capable of providing all of the Goods and/or Services in full. Where Respondents believe they will not be capable of providing all the Goods and/or Services in full or will only comply with the Statement of Requirements subject to conditions, they should either not apply or set out any potential limitations in their proposal.

## **8. Assessment of proposals**

### **8.1 Assessment process**

Following the Closing Time, CHN intends to evaluate all proposals received.

Proposals will be evaluated against the Assessment Criteria specified in Part B of the RFP.

A proposal will not be deemed to be unsuccessful until such time as the Respondent is formally notified of that fact by CHN.

### **8.2 Clarification of proposal**

If, in the opinion of CHN, a proposal is unclear in any respect, CHN may in its absolute discretion, seek clarification from the Respondent. Failure to supply clarification to the satisfaction of CHN may render the proposal liable to disqualification.

CHN is under no obligation to seek clarification to a proposal and CHN reserves the right to disregard any clarification that CHN considers to be unsolicited or otherwise impermissible in accordance with the rules set out in this **Part E**.

## **9. Next stage**

### **9.1 Options available to CHN**

After assessment of all proposals, CHN may, without limiting other options available to it, do any of the following:

- a. prepare a shortlist of Respondents and invite further response to the RFP from those Respondents,
- b. prepare a shortlist of Respondents and call for tenders for Goods and/or Services or any similar Goods and/or Services,
- c. call for tenders from the market generally for the Goods or Services or any similar or related goods or services,
- d. enter into pre-contractual negotiations with one or more Respondents without any further need to go to tender,
- e. decide not to proceed further with the RFP or any other procurement process for the Goods or Services,
- f. commence a new process for calling for proposals on a similar or different basis to that outlined in this invitation, or
- g. terminate the process at any time.

### **9.2 No legally binding contract**

Being shortlisted does not give rise to a contract (express or implied) between the Respondent and CHN.

No legal relationship will exist between CHN and a shortlisted Respondent relating to the supply of the Goods or Services unless and until such time as a binding contract is executed by them.

**10. Additional rules**

Any rules governing this Request for proposal Process in addition to those set out in this **Part E**, are set out in the **Reference Schedule (Part A)**.

**11. Respondent warranties**

By submitting a proposal, a Respondent warrants that:

- a. in lodging its proposal it did not rely on any express or implied statement, warranty or representation, whether oral, written, or otherwise made by or on behalf of CHN, its officers, employees, agents or advisers other than any statement, warranty or representation expressly contained in the RFP documents,
- b. it did not use the improper assistance of CHN employees or information unlawfully obtained from CHN in compiling its proposal,
- c. it has examined this RFP, and any other documents referenced or referred to herein, and any other information made available in writing by CHN to Respondents for the purposes of submitting a proposal,
- d. it has sought and examined all necessary information which is obtainable by making reasonable enquiries relevant to the risks and other circumstances affecting its proposal,
- e. it has otherwise obtained all information and advice necessary for the preparation of its proposal,
- f. it is responsible for all costs and expenses related to the preparation and lodgement of its proposal, any subsequent negotiation, and any future process connected with or relating to the RFP Process,
- g. it otherwise accepts and will comply with the rules set out in this **Part E** of the RFP,
- h. it will provide additional information in a timely manner as requested by CHN to clarify any matters contained in the proposal, and
- i. it is satisfied as to the correctness and sufficiency of its proposal.

**12. CHN rights**

Notwithstanding anything else in this RFP, and without limiting its rights at law or otherwise, CHN reserves the right, in its absolute discretion at any time, to:

- a. vary or extend any time or date specified in this RFP for all or any Respondents or other persons, or
- b. terminate the participation of any Respondent or any other person in the Process.

**13. Governing law**

This RFP and the Process is governed by the laws applying in the Australian Capital Territory.

Each Respondent must comply with all relevant laws in preparing and lodging its proposal and in taking part in the Process.

## 14. Interpretation

### 14.1 Definitions

**Respondent** means an organisation that submits a proposal.

**Briefing** means a meeting (the details of which are specified in the **Reference Schedule**) that may be held by or on behalf of CHN to provide information about the RFP and the Process.

**Capital Health Network (CHN)** means the organisation responsible for the RFP and the Process.

**Closing Time** means the time specified as such in the **Reference Schedule** by which proposals must be received.

**Proposal(s) and/or Response(s)** means a document lodged by a Respondent in response to this RFP containing a proposal to provide Goods and/or Services sought through this Process.

**RFP Process** means the process commenced by the issuing of RFP and concluding upon formal announcement by CHN of the selection of shortlisted Respondent(s) or upon the earlier termination of the process.

**Assessment Criteria** means the criteria set out in **Part C** of the RFP.

**Goods** means the goods or other products required by CHN, as specified in **Part B** of this RFP.

**Intellectual Property Rights** includes copyright and neighbouring rights, and all proprietary rights in relation to inventions (including patents) registered and unregistered trademarks (including service marks), registered designs, confidential information (including trade secrets and know how) and circuit layouts, and all other proprietary rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

**Request for Proposal (RFP)** means this document (comprising each of the **Parts A, B, C, D and E**) and any other documents so designated by CHN.

**Statement of Requirements** means the statement of CHN requirements contained in **Part B** of this RFP.

**Reference Schedule** means the schedule so designated forming part of **Part A** of the RFP.

**Services** means the services required by CHN, as specified in **Part B** of this RFP.

### 14.2 Instruction

In this RFP, unless expressly provided otherwise a reference to:

- “includes” or “including” means includes or including without limitation, and
- “\$” or “dollars” is a reference to the lawful currency of the Commonwealth of Australia, and
- if a word and/or phrase is defined its other grammatical forms have corresponding meaning.