EXPRESSION OF INTEREST: Application

State-funded General Practice Respiratory Clinic (GPRC)

Please respond to the application questions below. Full specifications for GPRC services can be found at this link. Please send your completed application form and specification checklist to **tenders@nwmphn.org.au**by 11.59pm Tuesday 9 November 2021.

**You must tick each of these boxes to be eligible to apply.**

I confirm that the proposed GPRC site:

[ ]  is located within one of the LGAs below:

* Hume
* Wyndham
* Brimbank
* Moreland
* Darebin
* Melbourne
* Maribyrnong
* Melton

[ ]  meets or has capacity to meet the GPRC specifications before commencement of the service (attach completed checklist)

[ ]  Agrees to an external IPC assessment and to action recommendations before commencement of the service

[ ]  Can commence the service by 6 December 2021

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| **Applicant name:** |
| **Name of practice/organisation:** |
| **Address:** |
| **Company name: ABN:** |
| **Applicant details:** | Phone: | Email: |
| **Practice manager details:** | Phone: | Email: |
| **Practice principal details:** | Phone: | Email: |
| 1. **The applicant must have appropriate insurance compliance. Please submit the following certificates of currency with this application and check the boxes to the right to confirm:**
* **Insurance – public liability: minimum $20 million per claim**
* **Insurance – medical indemnity (for the Practice): minimum $20 million per claim**
* **Insurance - medical indemnity (for all medical practitioners working in the facility): minimum $20 million per claim**
* **Insurance – workers compensation**

**Please also submit evidence of current practice accreditation against RACGP Standards and check the box to the right to confirm** | [ ]  Public liability: minimum $20 million per claim[ ]  Medical indemnity (for the Practice): minimum $20 million per claim[ ]  Medical indemnity (for all medical practitioners working in the facility): minimum $20 million per claim[ ]  Workers compensation[ ]  RACGP Standards accreditation |
| 1. **Conflict of Interest declaration**

**Where the respondent is aware of any actual, perceived or potential conflicts of interest related to this EOI, please provide a detailed response to the questions at right:**1. **The respondent confirms it has provided all relevant information regarding an actual, perceived or potential conflict of interest which the respondent has, or may have, in performing the activities to which this EOI relates.**
 | 1. Particulars of the conflicts of interest.
2. Details of the process and procedures used to manage or resolve the actual, perceived, or potential conflicts.

[ ]  **Yes** [ ]  **No** |
| **Contract Compliance****Is the applicant willing to enter into a contract with NWMPHN in the form of the draft contract if successful?****If “No” selected, please list to the right comments or departures to the proposed draft contract.**  | [ ]  **Yes** [ ]  **No**  |

**Please respond to the evaluation criteria below.**

Evaluation criteria

Applicant should use the ‘response’ column to provide relevant information to support the application.

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| **Criterion** | **Name** | **Question** | **Description** | **Response weighting** | **Response (word limit of 250 words per criterion)** |
| **1** | **GPRC Specifications** | 1. **The specifications to deliver a GPRC are attached. Do you meet all the requirements and can you evidence this?**

**Please include completed attachment – Service specifications***Note – up to $150,000 (ex GST) has been allocated to support set up costs to meet these requirements* | The applicant can provide evidence that they meet all aspects of the GPRC specifications  | *20%* | *<Applicant should demonstrate how you will meet the GPRCE specifications. Include completed Specifications Checklist>**Note: the 250 maximum word limit does not include the Specifications Checklist.*  |
| **2** | **Plan for clinic to meet specifications** | 1. **Please provide a plan and timelines for how you intend to prepare the clinic to meet specifications?**
 | The applicant has a detailed plan to ensure the service is compliant before operation commencement date set out in the EOI eligibility requirements. | *10%* | *<Applicant should outline proposed plan and any approximate costings for the service to meet the required service specifications. A timeline for this process should also be included.>**500 words maximum. An attachment outlining timelines may also be included.*  |
| **3** | **Service delivery model** | 1. **Please describe your proposed service delivery model to deliver this service**
 | The applicant can describe the model that will be used to deliver the GPRC, including:* the physical environment
* IPC processes
* patient flow (including the role of individual team members)
* process for taking bookings, allocating walk in appointments and receiving patients referrals from other services
* process for accessing interpreters in and outside of hours
* process for communicating patient information including to the patient’s regular GP.

The applicant can demonstrate that they have clear, accountable clinical governance structure in place (for example: clinical supervision, risk management, registration and credentialing documentation, escalation processes, patient/client management system). | *40%* | *<Applicant should demonstrate how the service model will meet the operational requirements. Provide detail around the governance in place or that will be put in place.>**1000 words maximum.* |
| **4** | **Workforce Capability and Capacity** | 1. **Outline your staffing plan to operate the model including staffing you have currently available and process to scale up ‘on call’ staff for peak periods.**

**If you do not currently have sufficient staff, which staff do you need to recruit and how much time will you require?** | The applicant has provided evidence or confirmation of the staff (GP, registered nurse, reception) that will be delivering the model of care. The applicant can demonstrate that they have the capability to scale up and down in response to demand and have a contingency plan for replacement of staff when needed. | *30%* | *<Applicant should provide the relevant qualifications and registration for staff and any additional details to demonstrate workforce capacity and capability.>**500 words maximum.* |

**Please provide any additional information you would like us to know to support your expression of interest.**

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| *<Provide additional information here>* |