

Expression of Interest (EOI)

Submission Due Date: Friday 6th November 2026

My Care Partners



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Contents

Part A: Background and Overview of Tender

Part B: Application Questions

Part C: SWSPHN Tender Process

PART A: Background and Overview of Tender

1. Background

About South Western Sydney Primary Health Network (SWSPHN)

SWSPHN is a not-for-profit organisation funded by the Australian Government, Department of Health, Disability and Ageing (DHDA) with the key objective of increasing the efficiency and effectiveness of primary care services, particularly for 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.

SWSPHN's region services seven Local Government Areas (LGAs) of Bankstown (pre-amalgamation), Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly (see Figure 1), with an estimated total population of 1,215,244 in 2021. Spanning an area of 6,243 square kilometres, with a combination of low and medium density housing, pockets of commercial, industrial and rural areas to the south and west. Our diverse region is one of the fastest growing in NSW due to greenfield developments and extensive urban in-fill development.

South Western Sydney is culturally, linguistically and socioeconomically diverse and is home to the largest urban Aboriginal population in metropolitan Sydney. The region encompasses the lands of the Dharawal, Gundungurra and Dharug Nations.

SWSPHN acknowledges the Dharawal, Gundungurra and Dharug peoples as the Traditional Custodians of the land within South Western Sydney and pay respects to Elders both past and present. SWSPHN also acknowledges Aboriginal and/or Torres Strait Islanders as the first peoples of Australia.

For further information, see Health of Our Region: <http://www.swsphn.com.au/healthofourregion>



Figure 1 – SWSPHN catchment area

2. Overview of Tender

Patients managing multiple chronic conditions often receive care from a range of providers, including general practitioners, specialists, allied health professionals and hospital services. Without a coordinated approach, care can become fragmented, resulting in duplicated services, communication gaps between providers, poorer patient experiences and an increased risk of avoidable hospital admissions. These patients typically represent a disproportionate share of health system utilisation and expenditure.

To address these challenges, the My Care Partners (MCP) Program was established by South Western Sydney Primary Health Network (SWSPHN) in collaboration with South Western Sydney Local Health District (SWSLHD), to address this issue through a structured model of care coordination. The program connects general practice, primary care and hospital-based services within a single coordinated pathway for patients identified as being at high risk of a potentially preventable hospitalisation.

The need for this model is well established with the region. Approximately half of South Western Sydney (SWS) residents report living with a chronic health condition, including cancer, cardiovascular disease, mental illness, chronic obstructive pulmonary disease, chronic kidney disease, asthma and diabetes, and the prevalence of associated risk factors in the region exceeds the state average. The population cohort most affected by chronic

disease is also projected to grow substantially, with the number of SWSLHD residents aged 65 and over expected to increase by approximately 80 per cent between 2016 and 2031.

The MCP Program has been operating since August 2021 and currently supports 18 general practices and more than 415 enrolled patients, with care coordination delivered by the commissioned care provider under SWSPHN's oversight.

SWSPHN is now seeking Expressions of Interest from general practices within the SWS region to extend this model of care to a broader cohort of eligible patients.

2.1. Objectives

- Onboard five (5) additional general practices into the My Care Partners Program.
- Extend access to coordinated, team-based chronic and complex care to a wider cohort of patients across the SWS region.
- Strengthen coordination between general practice, patients and the wider healthcare network by supporting participating practices to identify, refer and engage eligible patients into an integrated model of care.

2.2. Intended Outcomes

- Five (5) additional general practices successfully onboarded into the MCP Program within agreed timeframes, with strong patient uptake and engagement in the care coordination model.
- Improved patient understanding of their health conditions, increased engagement with primary, community and acute care providers.
- Reduced potentially preventable hospital admissions, ED presentations and length of stay, and improved patient satisfaction, consistent with outcomes seen in earlier phases of the program.

2.3. Eligible Organisations

This is a closed Expression of Interest (EOI), open only to invited general practices located within the SWSPHN region that have the capacity and commitment to identify, refer and support eligible patients to participate in the MCP program in accordance with the requirements set out in this EOI.

General practices invited by SWSPHN that are not currently participating in MCP are eligible to submit a response to this EOI. Practices able to demonstrate prior experience managing patients with chronic and complex conditions will be assessed favourably; however, practices without this specific experience are also encouraged to apply.

For the term of the Agreement with SWSPHN, the successful applicant must not:

- Conduct a business whereby revenue is generated from gambling;
- Be a subsidiary of a business that generates revenue from gambling;

- Have any partnership or funding arrangement with any gambling operator, gambling-related association or organisation which generates revenue from gambling that constitutes the majority revenue for the Service Provider's business; and
- Have any partnership or funding arrangement with any gambling operator, gambling-related association or organisation which generates revenue from gambling, that forms revenue towards the programs and activities funded under this Agreement.

2.4. Out of Scope

The following are considered out of scope for this tender:

- Capital works: Funds cannot be used for capital works, construction or installing facilities or fixtures
- Services that replicate or duplicate existing service provision(s)
- Activities that are more appropriately funded through other funding bodies
- Activities that are not supported by clinical evidence
- Costs associated with research
- Services which require on-going funding from SWSPHN to be sustainable beyond the agreed funding period.

3. Contract Term

The proposed contract term is 24 months (January 2027 to December 2028), with the possibility of extension to 30 months (through to June 2029) subject to the availability of future funding.

The 24-month contract term will comprise the following phases:

Phase	Dates
Establishment and embedding	January - February 2027
Full implementation and service delivery	February 2027 - December 2028

Should the contract be extended to 30 months, the full implementation and service delivery phase will continue through to June 2029.

4. Indicative Funding

The **indicative** maximum Contract Value available is **\$15,495.80 ex GST**

Financial Year	Funding Stream	Indicative Maximum Funding (ex GST)
2026 - 2027	Onboarding/Establishment Funding	\$11,043.60

2027-2028	Service Delivery Funding	\$4,452.20
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Funding will be provided through a formal funding agreement.

5. Specifications

5.1. Target Population

To be eligible for enrolment into the My Care Partners Program, a patient must:

- Be referred by a participating MCP General Practice.
- Be aged 16 years or over.
- Be assessed as being at risk of hospitalisation.
- Be living with a chronic or complex health condition involving complex or unmet care needs.
- Reside within the SWS region.
- Hold, or be eligible for, a Chronic Disease Management (CDM) plan.
- Agree to actively participate in the program for a minimum of 12 months, with their GP continuing to practise at a participating MCP practice throughout this period.

Chronic Health Conditions include Arthritis, type 2 Diabetes, asthma and/or chronic obstructive pulmonary disease (COPD), mental health conditions, neurocognitive disorder, cardiovascular and heart disease, kidney disease, chronic pain, and frailty.

5.2. Service Activities

Participating practices will refer eligible patients into the MCP care coordination model and support delivery of the following service elements:

- **Establishment/Transition:**
Each practice will nominate a My Care Partners practice team of at least three staff, including a GP, Practice Nurse and Practice Manager/Administrator, and nominate one team member as the practice's MCP Lead. During an initial establishment phase, the practice will work with the care coordination provider to confirm referral pathways, communication protocols and shared care arrangements.
- **Referral Pathways:**
Practices will identify potentially eligible patients through practice screening, including hospitalisation risk reporting, and refer suitable patients to the care coordination provider for assessment. Practices will obtain patient consent to enrol and flag enrolled patients within their clinical systems following confirmation from the Care Coordination Provider.
- **Location and Modality:**
Practices will continue to deliver in-practice clinical care to enrolled patients, while the care coordination provider engages patients directly by phone, telehealth or, where clinically appropriate, outreach and home visits.

Practices will support this by referring patients suited to these modalities and maintaining communication with the Care Coordination Provider on their progress.

- **Operating Hours:**

Practices will support access to care coordination services during standard business hours.

- **Duration of Service:**

Patients will participate in a minimum 12-week period of intensive care coordination support, followed by an ongoing monitoring phase of approximately nine months, before transitioning back to the practice's usual care.

Practices will maintain continuity of clinical care throughout both phases.

- **Shared Care and Shared Systems:** Practices will maintain the digital health systems and secure messaging capability required to support information sharing with the Care Coordination Provider, and participate in shared care arrangements including care planning discussions and regular clinical huddles

- **Outreach and Home Visits:**

Where a patient is unable to attend in-practice appointments, practices will support the care coordination provider to arrange outreach or home visit contact, including sharing relevant patient information to facilitate this support.

- **Patient Activities:**

Practices will complete required patient-level activities within specified timeframes, including a GP Chronic Condition Management Plan, Shared Health Summaries where applicable, and participation in multidisciplinary case conferences and/or clinical huddles for each enrolled patient. Practices may also request access to supplementary services funding on behalf of patients experiencing financial barriers to care and will continue to participate in Community of Practice meetings and the Quality Improvement in Primary Care (QIPC) program.

5.3. Eligibility Criteria and Ineligibility Criteria

In addition to the requirements above, practices must be able to satisfy the following criteria:

- **Location:** The practice must be located within an eligible LGA, as advised by SWSPHN, at the time the practice is invited to participate in the program.
- **Accreditation:** The practice must hold current accreditation against the RACGP 5th edition standards and intend to maintain that accreditation for the duration of the Agreement.
- **Quality Improvement:** The practice must participate in the Quality Improvement in Primary Care (QIPC) Program and demonstrate ongoing, active use of the clinical audit tool provided by SWSPHN.
- **Practice Nurse:** The practice must employ a practice nurse able to attend program networking sessions, work a minimum of 12 hours and 40 minutes per week in line with WIP standards, and participate in patient care coordination and multidisciplinary case conferencing. Nurses may also access the New to General Practice Nursing Program for additional support.
- **Clinical and Billing software:** The practice must use Best Practice or Medical Director as its clinical software, together with corresponding billing software (BP Management or PracSoft), and be willing to update these systems where required for compatibility.

- **Digital Health Readiness:** The practice must be willing to install and enable all digital health systems including My Health Record and ePrescribing, Population Level Analysis and Reporting (POLAR (including Walrus), Lumos, Secure Message Delivery and HealthLink, eDischarge summaries, and provide protected staff time for in-house training delivered by SWSPHN.
- **Provider Relationships and Secure Messaging:** The practice must have established relationships with local allied health providers, specialists and pharmacies willing to establish Secure Message Delivery and participate in the MCP Program and be willing to support SWSPHN in expanding this provider network.

5.4. Collaborations and Partnerships

Participating practices will work alongside SWSPHN and the care coordination service provider, maintaining referral pathways and shared care arrangements consistent with the existing MCP model.

5.5. Specified Personnel

At a minimum, the successful Applicant will maintain the following positions for the duration of the Agreement:

Role	Description
General Practitioner	Provides clinical leadership for the Practice Team, overseeing the care of enrolled patients with chronic and complex conditions and ensuring continuity of care across the practice
Practice Nurse (minimum 12 hours and 40 mins per week)	Delivers care coordination for enrolled patients, including care planning, monitoring and liaison with the broader care team to support shared care arrangements
Practice Manager/ Administrator	Provides administrative oversight of the Practice Team's participation in MCP, supporting patient enrolment, referral processes and practice-level reporting requirements

6. Requirements

6.1. Governance Requirements Including Clinical Governance

SWSPHN is responsible for the safety and quality of the services it commissions across the region and expects participating practices to have policies and procedures in place that support SWSPHN's ability to supervise service delivery, assess performance and manage operational risk.

Practices must meet clinical governance requirements consistent with Royal Australian College of General Practitioners (RACGP) standards and Australian Health Practitioner Regulation Agency (AHPRA) guidelines.

SWSPHN may conduct a site audit of a practice's participation in MCP at any point during the Agreement, with at least two weeks' notice provided beforehand. Practices are expected to take part in ongoing quality improvement activities to support the efficiency, effectiveness, accountability and outcomes of service delivery.

Where requested in writing a practice must be able to provide evidence that it is meeting its governance obligations within ten business days of the request.

The following SWSPHN documents form part of this Agreement and can be accessed online via the following link <https://swsphn.com.au/what-we-do/commissioning-healthcare/>

- SWSPHN Code of Engagement
- Clinical Governance Framework
- Open Disclosure Policy and Procedure
- Informed Consent Policy and Procedure
- Consumer Identification Policy and Procedure
- Supplier Access and Security Policy and Procedure
- Commissioning Incident Management Policy and Procedure

Practices are required to maintain a risk management approach that supports the identification and mitigation of risk, with reference to the Commissioning Incident Policy and Procedure for mandatory incident reporting requirements. In relation to risks, complaints and incidents, practices must:

- Ensure that outcomes of complaints and incidents involving MCP patients are regularly reviewed by the practice principal, with appropriate action taken to reduce recurrence.
- Direct any patient complaints regarding general practice to the Service Support Manager at SWSPHN.
- Work with SWSPHN to take appropriate steps in relation to any complaint escalated to SWSPHN.

6.2. Data and Reporting Requirements

The successful Applicant will be required to:

- Consent to sharing the practice name, contact details and general practitioner details with SWSPHN and the Care Coordination Service Provider, to enable identification and referral of suitable patients.
- Consent to sharing identified data for enrolled patients with the Care Coordination Service Provider, including patient referral and enrolment details, completion of patient activities (such as GP Chronic Condition Management Plan, Shared Health Summaries and case conferences/huddles) and patient duration of care, using Secure Message Delivery and the practices own systems.
- Consent to sharing de-identified, aggregated patient data including data extracted using POLAR with SWSPHN and the Care Coordination Service Provider, for the purposes of evaluating, developing and improving the program, subject to a Data Sharing and License Agreement.
- Comply with all applicable Medicare Benefit Schedule (MBS) rules and guidelines where a claim is made in connection with services provided under the Agreement, including maintaining supporting documentation and promptly repaying any incorrect claims.
- Provide SWSPHN with a minimum of five (5) completed Practice Self-Assessment Tool (PSAT) questionnaires every 12 months (or all staff, for practices with fewer than five (5) staff) and a copy of all completed Models for Improvement (MFIs).
- Provide the Care Coordination Service Provider with aggregated patient enrolment and activity data collected through the agreed system.

- Participate in quarterly service review meetings with SWSPHN and monthly check-ins with the assigned SWSPHN Practice Advancement Officer.
- Participate in evaluation activities relating to the program as reasonably directed by SWSPHN, which may include engagement with the external evaluation partner, ongoing reporting and qualitative interviews.

In return, SWSPHN will provide the practice with a Practice Self-Assessment Tool (PSAT) report outlining its progress, and a Lumos report every six (6) months containing securely linked, encoded hospital and emergency department data.

6.3. Insurances

The successful Applicant must hold and maintain the minimum insurance cover specified below for the duration of the Agreement:

Insurance Type	Required Cover
Medical/Professional Indemnity Insurance (General Practice)	Minimum \$5 million
Public Liability Insurance	Minimum \$10 million
Professional Indemnity Insurance	Minimum \$10 million
Workers Compensation Insurance	As required by applicable legislation

SWSPHN will only enter into an Agreement with an Applicant that holds the required insurances. The insurances must provide adequate coverage for liabilities arising out of, or in connection with, the performance of the Applicant's obligations under the Agreement.

7. Information Session

As this is a closed EOI, information sessions will be conducted individually with each invited practice by the Practice Advancement Officer team. Each session will cover the outcomes sought through this EOI, the application process and an opportunity for the practice to raise questions specific to its circumstances.

A summary of questions raised, and corresponding responses will be shared directly with invited practices following their session.

PART B: Application Questions

8. Evaluation Criteria and Questions for Response

The following questions require a response for the submission to be considered.

Strict word limits apply to all responses and will be enforced.

Any content exceeding the stated word limit **will not be assessed or considered** during the evaluation.

Applicants should ensure all relevant information is included, and responses should focus on the central points in the questions as evaluators will only assess content up to the maximum word limit included.

SWSPHN will accept one submission per practice. Applicants will be evaluated and scored against the criteria detailed below.

Evaluation Criteria	Weighting
Criteria 1: Workforce (Maximum Word Limit 100 words) My Care Partners relies on a nominated practice team to identify and refer eligible patients. Ongoing referral is required to remain in the program, so your GP workforce's capacity to engage is relevant here. In addition to your nominated MCP team, how many GPs at your practice are willing to refer and actively engage with patients into My Care Partners? Please provide the number of GPs and FTE of each GP.	(30%)
Criteria 2: (Maximum Word Limit 500 words) Your nominated team will be responsible for completing patient activities such as chronic condition management plans and case conferences within set timeframes. We want to understand how the program will stay embedded across your whole practice, not just with the individuals named. Describe how My Care Partners will be embedded into your practice's day-to-day workflow, beyond the responsibilities of the nominated MCP team. Include how you will keep the program visible to all relevant clinical and administrative staff (e.g. team meetings, prompts within clinical software, induction of new staff), and how your practice will sustain this if a nominated team member changes.	(25%)
Criteria 3: (Maximum Word Limit 500 words) Participation means regular engagement with the care coordination provider, care planning discussions, clinical huddles and timely follow-up after hospitalisation as well as Community of Practice meetings. We want to understand how your practice will protect time for this. Describe your practice's commitment to actively engaging with the program, including how you will set aside protected time for relevant staff to engage with the care coordination provider and SWSPHN. Applicants should demonstrate genuine commitment to the intent of the program, rather than participation driven primarily by the associated payments.	(25%)

Criteria 4: (Maximum Word Limit 500 words) Joining My Care Partners means changes to referral pathways, patient tracking and digital health systems. Tell us how your practice typically manages this kind of change. Describe your practice's approach to managing change when implementing new whole-of-practice initiatives, and how this will apply to My Care Partners.	(20%)
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Unscored criteria

- Insurances as detailed in *Section 6.3 Insurances*
- Evidence of relevant accreditations
- Agreement with the standard SWSPHN Commissioned Services Agreement (CSA)
- Declaration of non-affiliation with gambling organisations

Applicants shall provide supporting information to enable the criteria to be assessed, by completing every section of the submission. Scored Criteria will contribute to 100% of the total assessment. All the criteria must be satisfactorily addressed. Unscored criteria must be addressed but will not be individually scored. An Applicant who does not address the unscored criteria may not be considered for evaluation.

Only applicants submitted via the online form on the SWSPHN website will be considered for evaluation.
Please note, you will not be able to upload a word version of your submission nor any additional supporting documentation not requested in this tender.

PART C: SWSPHN Tender Process

9. Timeline

The below table provides indicative timelines for this tender:

Activity	Date
EOI open	Mon 19 Oct 2026
Last queries date	Mon 2 Nov 2026 @ 5:00pm
EOI Closing date	Fri 6 Nov 2026
Evaluation period	Wed 11 Nov – Fri 20 Nov 2026
Successful Applicant notified and contract negotiations commence	Mon 30 Nov – Fri 15 Jan 2027
Contract commencement	Jan 2027

10. Tender Rules and Conditions

Category	Requirement / Rule
Enquiries	Any questions in relation to this EOI should be lodged, in writing, via email to tender@swsphn.com.au Questions will be addressed, and the response will be posted on the website and updated once a week. All respondents will see the question and answer however, all identifying information of the organisation will be removed Applicants should lodge their questions before the last queries date on Monday, 2 November 2026 at 5.00pm.
Submission Method	Respondents must submit their EOI through SWSPHN's website www.swsphn.com.au. Application submissions via any other means aside from the SWSPHN website will not be considered and will be returned to the respondent. Applications must be received by the specified Closing Date and Time: The deadline for the submission for this EOI is 5pm on Friday 6th November 2026.
Applicant Costs	Applicants are responsible for all costs associated with preparing and submitting their application.
SWSPHN Rights	SWSPHN may, at any time, extend timeframes, seek clarification, shortlist applicants, negotiate, request revised submissions, accept, exclude or reject applications, amend Specifications or Requirements, or discontinue the process.

	SWSPHN may change, modify or delete any aspect of the requirement including budget parameters after the initial value for money assessment. SWSPHN may also seek the advice of external consultants to assist in the evaluation or review of application and make enquiries of any person or entity to obtain information about the Applicant and its application.
Applicant Rights	Applicants can expect that SWSPHN will: • Preserve the confidentiality of confidential information; • Afford every Applicant the opportunity to compete fairly; • Subject to SWSPHN's right to terminate this process, consider an application which is submitted in accordance with these Rules by an Applicant who has: - Complied with expectations as to probity; - Provided the information required in this stage of the process as set out in this EOI; - Co-operated with Tender Rules and Conditions; and - Submitted its application by the Closing Time.
Negotiation	Following evaluation of applications, SWSPHN reserves the right to: • Invite revised application or further information via presentation from one or more Applicants; • Negotiate with one or more Applicants; • Negotiate with an application for the provision of any part of the requirement, and to negotiate with any other Applicant with respect to the same or other parts of the requirement, and to enter into one or more Agreements for all or any part of the requirements; • Discontinue negotiations at any time with any Applicant; and • Propose revised or replacement Agreement term/s at any stage in this tender process in substitution for, or in addition to, the terms and conditions included.
Evaluation Process	Applications will be assessed against mandatory requirements and evaluation criteria. A shortlist and secondary evaluation process may be used as detailed in <i>Section 12. Evaluation Process</i>.
Feedback	Feedback may be provided to unsuccessful Applicants upon request. Feedback will only be provided at the end of the process following tender award, debrief or contract execution.
Complaints	Complaints must first be raised in writing with the Contact Officer and, if unresolved, may be escalated to the nominated Tender Complaints Officer and request in writing for the issue to be addressed.

11.1 Complaints Officer

Name:	Kristen Short via Melissa McIntyre
Title:	Director of Innovation and Partnerships
Address:	Level 2, 1 Bolger Street Campbelltown NSW 2560
Email:	Melissa.McIntyre@swsphn.com.au
Phone:	(02) 4632 3000

12. Evaluation Process

Applications will be evaluated for full compliance with any mandatory requirements identified in *Part A Background and Overview of Tender*. Applicants are reminded that any requirements identified as mandatory are considered to be of fundamental importance to the satisfactory delivery of the goods and/or service, and a fully compliant response is required.

12.1 Proposal Shortlist Criteria

SWSPHN reserves the right to short-list a limited number of Applicants, based on its initial assessment and continue detailed evaluation of this smaller group of Applicants to the exclusion of all others.

If SWSPHN chooses to include a shortlisting stage in its evaluation process, it is not, at any time, required to notify Applicants or any other person or organisation interested in submitting a proposal.

12.2 Secondary Evaluation Process

There are occasions when a secondary evaluation process is required. SWSPHN may request further clarification, where appropriate, of the tender but need not make the same request of all Applicants. This may occur as a part of the original plan or be necessary to differentiate between short listed submissions.

A secondary process may include, but not be limited to:

- Clarification of particular aspects of the submission,
- Additional information on some aspect of the proposal,
- Responses to additional requirements,
- Negotiations on personnel, project delivery, milestones, and price; Or

Short listed providers will be notified of the secondary process. Secondary response may be requested in writing or in the form of a presentation.

Associated Attachments (Provided on the SWSPHN website)

Attachment Name	Attachment Number
SWSPHN Commissioned Services Agreement (CSA) - Contract Terms and Conditions EXAMPLE	Attachment 1
• SWSPHN Code of Engagement • Clinical Governance Framework • Open Disclosure Policy and Procedure • Informed Consent Policy and Procedure • Consumer Identification Policy and Procedure • Supplier Access and Security Policy and Procedure • Commissioning Incident Management Policy and Procedure	Attachment 2 (Link) https://swsphn.com.au/what-we-do/commissioning-healthcare/
Requirements for Working with Children and Vulnerable Persons	Attachment 3
Child Safety Annual Statement of Compliance	Attachment 4
My Care Partners Information Booklet	Attachment 5
My Care Partners Practice Transformation Handbook	Attachment 6
My Care Partners Digital Health Agreements	Attachment 7
My Care Partners Patient Identification and Enrolment	Attachment 8
My Care Partners Patient Supplementary Services Guidelines	Attachment 9