Eastern Bay
Primary Health Alliance

Healthy Whānau, Healthy Lives

Request for Proposal
Whakatāne After Hours

RFP Released: 1st August 2025
Deadline for Questions: 15th August 2025
Deadline for Proposals: 12th September 2025

Eastern Bay Primary Health Alliance
Healthy Whānau, Healthy Lives

High Level Summary

The Eastern Bay Primary Health Alliance (EBPHA) is issuing this Request for Proposal (RFP) to invite providers to submit proposals for the provision of comprehensive after-hours medical services in the Whakatāne region. This initiative is critical to ensuring equitable and accessible healthcare for our diverse and often high-needs population

This RFP seeks community led solutions that will enhance the existing, complex after-hours landscape, address current service gaps, and ultimately access and health outcomes for our communities, particularly those in rural and underserved areas.

About Us: Eastern Bay Primary Health Alliance (EBPHA)

The Eastern Bay Primary Health Alliance (EBPHA) is a dedicated Primary Health Organisation (PHO) committed to improving the health and wellbeing of the whānau and communities we serve. EBPHA provides health services to approximately 57,000 Eastern Bay of Plenty residents; this includes After Hours services. We also serve an enrolled population of 33,400 individuals through our network of 10 GP practices. Our commitment to equitable care is underscored by the demographic profile of our enrolled population; with 74% identified as having high health needs and 61% identifying as Māori / Pacific Island.

The Whakatāne After Hours services the unenrolled and enrolled whānau across the Eastern Bay of Plenty region, as well as those that may visit the area.

After Hours Whakatāne opportunity

This RFP is issued by Eastern Bay Primary Health Alliance referred to below as the “we” “us”.

The RFP seeks to identify a capable, collaborative, and culturally responsive provider (or group of providers) to deliver sustainable and equitable acute primary healthcare outside regular business hours in Whakatāne.

Within the After Hours service parameters, we encourage innovative thinking and design involving collaboration and possible co-location of other services. We would like community designed and led initiatives to enhance hauora outcomes for the community.

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SECTION 1: Key information

1.1 Context

This Request for Proposal (RFP) is an invitation to selected suppliers to submit a Proposal for the Whakatāne After Hours Service contract opportunity.

This RFP is a closed single-step procurement process.

1.2 Our timeline

Steps in RFP process	Date
RFP released	01/08/2025
Deadline for Questions from suppliers	15/08/2025
Deadline for EBPHA to answer questions	22/08/2025
Deadline for Proposals	**12/09/2025 EOB**
Presentation of Proposals	29 to 30 September
Notification of outcomes	**1st Week October**
Contract signed by	24/10/2025
Expected contract start date (indicative)	Mid November

1.3 How to contact us

Our Point of Contact

Name: Russell Ingram-Seal

Title: Interim Chief Operating Officer.

Eastern Bay Primary Health Alliance

Email address: contracts@ebpha.org.nz

1.4 Developing and submitting your Proposal

- This is a closed competitive tender process.
- Take time to read and understand the RFP.
- Take time to understand the service specifications - these are in Section 2 of this document. As well as our requirements – these are in Section 3 of this document.
- Take time to understand how your Proposal will be evaluated. See Section 4 of this document.
- Use the Questions process in Appendix 2
- Use the Response Form document to submit your Proposal.
- Complete and sign the declaration at the end of the Response Form.
- Use the Pricing Schedule in Section 4 for your pricing information.
- Check that you have provided all the necessary information in the correct format and order.
- Submit your Proposal before the Deadline for Proposals.

1.5 How to submit your Proposal

Submit your Proposal electronically via email to our point of contact.

1.6 Offer Validity Period

By submitting a Proposal, the Respondent agrees that their offer will remain open for 6 weeks from the Deadline for Proposals.

1.7 RFP Questions & Process

All questions from prospective suppliers must be submitted in writing via email to: contracts@ebpha.org.nz using the Process and Questions Template (Appendix 2)

SECTION 2: Service Model Specifications

2.1 Summary

The Whakatane After Hours will provide face-to-face consultations with an appropriate health professional for patients with acute and semi-acute conditions and short-term advice, medication and care as required to support the patient until they can access their regular/usual health provider for ongoing management of their condition.

Enable high need, high disparity populations, including CSC, to receive an affordable service irrespective of where they live, or their enrolment status.

Support patient's enrolled provider as the primary provider of ongoing care, including:

- Referring the patient for follow up or discharging the patient to the practice where they are enrolled as appropriate.
- And supporting the patient to become enrolled with a practice where they are not currently enrolled.

Enables emergency departments to focus on appropriate emergency, secondary care provision.

Ensure co-ordinated monitoring and evaluation across the local network or primary, after-hours, urgent care and emergency care providers, to mitigate any unintended consequences to access or quality of care.

Ensure that the necessary data is provided to meet the monitoring requirements.

Be accessed via walk-in, referral via tele-triage, ambulance, primary care or ED referral.

2.2 Service Users

This Service must be offered to all patients eligible and for publicly funded health services in New Zealand, regardless of enrolment status or home address.

2.3 Service Entry and Exit

There is no process for entry to the service – the Service is to be universally provided to all Service Users.

Following treatment by the Provider, the Service must:

- Provide discharge summaries to the patient's usual GP within 24 hours
- Follow up diagnostic results and notify patients appropriately

- Arrange short-term follow-up where GP access is delayed

2.4 Opening hours

To be available for face-to-face consultations on Saturday and Sundays and public holidays including Christmas day, from 9:00 a.m. till 5:00 p.m. and weekdays opening from a minimum 5:00 p.m. till 8:00 p.m.

2.5 Access to Clinical Systems

The Provider will ensure that staff have timely and appropriate access to the Regional Clinical Portal (RCP). Where RCP access is not yet available, the Community Provider must supply an interim clinical information solution—such as the Community Health Provider (CHP) portal—while actively progressing toward full RCP integration and acknowledging any current system constraints.

2.6 Triage

The Provider should operate an in-house triage system that prioritise arrivals to site by acuity.

2.7 Diagnostic Services

The Provider should have readily available access to appropriate basic diagnostic services and essential medicines, preferably through on-site or co-located clinical support services.

2.8 Transfer of Care

The Provider should have formal policies for transfer of care to ensure safe and reliable integration of care including responsibility for follow up.

2.9 Relationship Management

The Community Provider will maintain collaborative relationships with:

- Local general practices and VLCA providers
- Secondary/specialist services and hospitals
- Māori and Pacific health providers
- EBPHA
- The Provider will participate in regional planning and governance groups as required to ensure system alignment and best practice sharing.

2.10 Staffing

Staffing must include General Practitioner or a Nurse Practitioner covering every shift. It needs to have nurse triaging of patients and supporting nurses, administration staffing and/or Kaiawhina roles.

There must be sufficient clinical staff on site to meet clinical safe practice standards and enough staffing to deal with peaks and troughs in patients demand over weekends, days, seasons and evenings. The summer surge over December to February, will need to be factored into the proposed model.

2.11 Co-Payment Charges

With a view to align with the national After-Hours Framework a co-payment is expected to be applied for services under this model.

The co-payment guidelines below are based on the most recent VLCA fees for CSC and non-CSC holders for persons eligible to receive New Zealand publicly funded health services with a maximum of $30.50 (*see table below).*

01-13	14-17	18 and above (CSC holder)	18 and above (non-CSC holder)
$0.00	$13.50	$20.00	$30.50

The scope of this table includes ACC copayment see 3.12 for ACC claiming and revenue management.

2.12 Clinical Governance

The Provider shall establish or participate in an established Clinical Governance Group to provide oversight of clinical safety, quality assurance, and continuous improvement.

2.13 ACC Claiming and Revenue Management

The Provider shall implement clear, auditable processes for claiming ACC co-payments. Regular reporting must include the status of ACC claims and remittance tracking to ensure transparency and financial accountability.

2.14 Communications

The Provider will:

- Provide ongoing education for the public about the services provided, by providing multi-language patient information on service availability, costs, and subsidies.
- Have well publicised materials in a variety of languages that educate and inform users about service availability, how to access services and include information on hours, costs, and subsidies.

2.15 Monitoring and Reporting

There is an expectation that Progress Monitoring Report will be required quarterly. This will be based on the service specifications. A template will be supplied when the contract is signed.

Quarterly reporting will need to be submitted to EBPHA by the 10th of the next month after each quarter.

The Community Provider will need to consider how they will collect the following types of information.

- Expenditure vs. budget for staffing (RNs, HCAs, Admin, etc.)
- Costs associated with prescribing support, including fees paid to local practices and Telehealth Services
- Overheads and operational costs, including rent, equipment, digital systems, etc.
- Patient revenue, such as:
- Fees charged to unenrolled/enrolled patients
- ACC and other claim reimbursements
- Variance analysis: explanations for any over- or under-spend against forecasted budgets
- Number of patients seen
- Number of patients enrolled if unenrolled
- Utilisation rates during operating hours
- Number of patient redirections to and from ED
- Equity targets (e.g., percentage of Māori and Pacific patients served)
- Patient satisfaction and care continuity outcomes

SECTION 3: Our Requirements

What we require from a Respondent

3.1 Pre-conditions

Each Proposal must meet the following pre-conditions.

#	Pre-condition	Meets
1.	**Location:** Must be located in Whakatāne.	[Yes/No]
2.	**Clinical Governance Framework** Up to date Policies: • Incident reporting • Infection control • Patient confidentiality (Privacy Act 2020 / Health Information Privacy Code) • Complaints and feedback management • Systems for Auditing, Incident reporting	[Yes/No]
3.	**Data Access:** Digital, Privacy and Health and Disability Compliance Please confirm that you fully understand data access digital, privacy and disability compliance requirements and that you have the necessary capacity and capability to fully meet the requirements.	[Yes/No]
4.	**Patient Management System** The proposed service must have approved access to PMS and meet requirements for data security / privacy: • Integrated Shared Patient Electronic Records • Access to available shared electronic health records	[Yes/No]
5.	**Facilities** Must be able to commence mid-November 2025 with facilities meeting safety and clinical standards.	[Yes/No]

It is expected that each respondent has the following in place or can progress to meeting the below requirements.

3.2 Legal Compliance

- NZBN or IRD number
- Registered health provider organisation
- Current indemnity and public liability insurance
- Compliance with Health and Disability Services (Safety) Act 2001
- ACC accreditation

3.3 Clinical Governance and Quality Assurance

- Clinical governance framework in place
- Named clinical lead(s) with MCNZ/NCNZ registration
- Documented policies for:
  - Cold Chain
  - BCP
  - Health and Safety policy
- A Whānau Voice & Feedback mechanism
- Membership in relevant quality frameworks (e.g., RNZCGP Cornerstone)

3.4 Management and Workforce Capacity

- Demonstrated ability to staff the service consistently
- Evidence of a sustainable roster
- Recruitment, onboarding, and staff training processes
- Continuity plans for unexpected absences or surges in demand
- Professional development and training
- Telephone Nurse Triage – referral from Whakarongorau

3.5 Cultural Competence and Health Equity

- Policies that demonstrate commitment to Te Tiriti o Waitangi
- Services that reflect cultural safety and whānau-centred care
- Engagement with Māori health providers, Pacific services, or community partners
- Use of interpreter services, accessible materials, or low-literacy resources

3.6 Pricing Structure

- A transparent pricing model (co-payments)
- Whether services are subsidised for CSC cardholders
- Efficiency in resource use and alignment with community needs
- ACC claiming

3.7 Collaboration

- Letters of support or partnership agreements if applicable in your model
- History of collaboration with other providers and community organisations
- Stakeholder engagement plans for Māori, Pacific, disabled and refugee populations
- Partner with:
    - Local GPs
    - Māori and Hauora providers
    - Te Whatu Ora
    - Whakatāne Emergency Department and Hato Hone St John
    - Eastern Bay Primary Health Alliance

3.8 Facilities and Infrastructure

The clinic location must be centrally located in Whakatāne and meet:

- Accessibility standards for all whānau
- Health and safety requirements for staff and patients
- Clinical waste management capability
- Emergency referral capability and process
- Use of recognised Clinical PMS (e.g. Indici, Evolution) with PMS licensing and operational management
- Integration with Health Pathways, HealthLink's, ePrescribing / elabs
- Telehealth support if applicable in model
- Ability to absorb any additional costs for overheads and consumables
- Ability to access MPSO medications and afterhours pharmacy

3.9 Contract Term

We expect that the Contract will commence Mid-November. This will depend on contract negotiations and stand-up period.

The anticipated Contract term and options to extend are:

Description	Timing
Initial term of the Contract	Until 30th June 2026
Options for us to extend the Contract	Dependant on contract renewal by Te Whatu Ora

3.10 Conflict of Interest and Disclosures

Included in Response form.

SECTION 4: Pricing Schedule and Information

4.1 Funding

The Funding ceiling for this RFP is up to $690,000 per annum for a full-service after-hours model. This will be paid monthly on a pro-rata basis.

The amounts may be changed to reflect an after-hours model with a phased implementation approach. The submitted proposal needs to include a Pricing Schedule or draft budget which stipulates costs and revenue based on the proposed service model.

4.2 Pricing information to be provided by respondents

Respondents are to provide their pricing as part of their Proposal. In submitting the Price, the Respondent must meet the following:

- The Pricing Schedule must show a breakdown of all costs including any set-up costs, direct costs, staffing and operational costs and approximate FTE needed.
- It must also clearly state the total Contract price exclusive of GST.
- Where the price is based on fee rates, specify all rates, either hourly or daily or both as required.
- Respondents must document all assumptions and dependencies that affect its pricing and/or the total cost to us.
- Respondents must tender prices in NZ$. Unless otherwise agreed, we will arrange contractual payments in NZ$.
- If two or more Respondents intend to submit a joint Proposal the Pricing Schedule The lead provider must be identified and only the lead provider can issue invoices. must include all costs, fees, expenses and charges chargeable by all Respondents.

SECTION 5: Our Evaluation Approach

This section sets out the Evaluation Approach that will be used to assess Proposals.

The evaluation approach that will be used is weighted attribute using the evaluation criteria outlined in the table below.

Evaluation criteria

	Assessment Criteria	Description	Weighting
1.	Proposed Service Model	Overview, hours, facilities/location, timeframe and implementation, PMS use, milestones and integration with pathways	30%
2.	Staffing Capacity and Workforce	Workforce staffing, capacity and capability, rostering and recruitment, contingency planning and clinical / cultural leadership and support	20%
3.	Equity and Priority Groups and Cultural practices	Addressing needs of priority populations, equitable processes, cultural competence and safety, whānau-centred services and practice.	20%
4.	Experience and Performance	Relevant experience, seamless delivery, recognised performance, successful initiatives implemented.	10%
5.	Collaboration	Collaboration with health and social services, collaborative relationships. Innovations and initiatives to improve hauora outcomes	10%
6.	Clinical Governance and Quality	Evidence audits and outcomes supporting organisational clinical leadership, structure, quality and ability to deliver service.	5%
7.	Pricing Schedule	Breakdown of costs, Co-payment and ACC Processes, other financial considerations.	5%
	Total		100

Weighting of Criteria

This scoring guide will be used to rank each attribute as part of the evaluation for each RFP submitted.

5 Excellent	Exceeds the requirement. Exceptional demonstration by the provider of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the service. Response identifies factors that will offer potential added value, with supporting evidence.
4 Good	Satisfies the requirement with minor additional benefits. Above average demonstration by the supplier of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the service. Response identifies factors that will offer potential added value, with supporting evidence to support the response.
3 Acceptable	Satisfies the requirement. Demonstration by the provider of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the service, with evidence to support the response.
2 Minor Reservations	Satisfies the requirement with minor reservations. Some minor reservations of the provider's relevant ability, understanding, experience, skills, resource and quality measures required to provide the service, with little or no evidence to support the response.
1 Partial or unclear evidence	Satisfies the requirement with major reservations. Considerable reservations of the provider's relevant ability, understanding, experience, skills, resource and quality measures required to provide the service, with little or no evidence to support the response.
0 Poor or not demonstrated	Does not meet the requirement. Does not comply and/or insufficient information provided to demonstrate that the provider has the ability, understanding, experience, skills, resource and quality measures required to provide the service, with little or no evidence to support the response.

APPENDIX 1: Data

2024-2025 Current After Hours Whakatāne information

Currently, After Hours deals with over 3,000 patient presentations in a year.

23% are children or youth and 67% Adults.

In terms of ethnicity, 48% are Māori, 34% New Zealand European, 6% Asian, 1% Pacifica and 10% other ethnicities.

On average 26 people are seen per day. This is based on 115 weekend days and statutory public holidays.

Breakdown by age Table

AGE	July 2024 – June 2025
0 to 13	890
14 to 16	110
18+	2020
Total	**3020**

Of those presenting to After Hours, the majority (74%) live in the EBoP.

Over 11% were either enrolled elsewhere, unenrolled or visitors.

27% of those seen hold Community Services Cards (CSC).

9% of those presenting were advised, treated and discharged when triaged.

A further 5% of those presenting were referred directly to the Hospital Emergency Department.

ACC type presentations made up 2%.

Summer Surge

During the Christmas/Summer Holiday period Whakatāne and Ōhope experience an upsurge in the number of patients. Please be advised that we expect your model to demonstrate consideration toward the required support during this time.

APPENDIX 2: Question Process and Template

- To ensure a fair and transparent process, questions will not be accepted through any other channel (e.g., phone calls, in-person meetings).
- Please clearly indicate "RFP Question" in the subject line of your email.
- Suppliers are encouraged to consolidate their questions into a single email where possible.

Question Submission Process

- The deadline for submitting questions is 15 August 2025 at 5:00 PM NZST.
- Questions received after this time will not be answered.
- EBPHA will collate all submitted questions.
- Answers will be prepared to address all relevant and appropriate questions.
- Questions and their corresponding answers will be anonymised to protect the identity of the submitting supplier.
- Answers to all submitted questions will be posted on the EBPHA website by 22 August 2025 at 5:00 PM NZST.
- Suppliers are responsible for regularly checking the EBPHA website for updates and the published Q&A document.
- The answers provided will be considered an addendum to the original RFP document.
- Suppliers must consider these answers when preparing their proposals.
- If there is any conflict between the original RFP and the published answers, the answers will take precedence.

Vendors may submit clarifications questions regarding this RFP using the template below. Please number each question and if applicable refer to the specific section of the RFP.

Date submitted:	RFP Section:	Vendor Question: