

Invitation to Tender
for the Provision of Rehabilitation Service
on Health Assessment and Case Management Care for
Supporting the Comprehensive Community Rehabilitation (CCR) Programme

[Service period: September 2025 to September 2028 (3 years)]

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Part I Introduction

1.1. Introduction

The Comprehensive Community Rehabilitation (CCR) Programme that has been launched since 21 September 2016, serving the group of Pneumoconiosis and Mesothelioma patients in Hong Kong.

The Pneumoconiosis Compensation Fund Board (PCFB) cordially invites tenderers to submit tenders for the provision of regular health assessments and related rehabilitation services to support the CCR Programme. The service period will be effective from September 2025 to September 2028 in a 3-year fixed term.

1.2. Statutory Functions of Pneumoconiosis Compensation Fund Board

According to the Pneumoconiosis and Mesothelioma (Compensation) Ordinance (PMCO), PCFB has the following functions:

- a. To administer the fund;
- b. To make recommendations to the Government with respect to the rate of levy;
- c. To conduct and finance educational, publicity, research and other programmes to prevent pneumoconiosis and mesothelioma and to conduct and finance programmes for the rehabilitation of persons suffering from the above diseases;
- d. To administer funds received from the Government and designated by the Government as ex gratia payments to persons diagnosed before 1 January 1981 to be suffering from pneumoconiosis; and
- e. To perform such other duties as are imposed on it by this Ordinance.

[Section 26(1), Cap 360, Pneumoconiosis and Mesothelioma (Compensation) Ordinance]

1.3. Number of Surviving Patients in Hong Kong and Related Information

As at 31 January 2025, there are 1 383 surviving cases in Hong Kong, including 1 371 patients receiving compensation under the PMCO and 12 ex gratia patients. The age and degree of incapacity (DOI) distributions among 1 371 patients are shown in Appendix I.

Part II Comprehensive Community Rehabilitation (CCR) Programme

- 2.1. The Comprehensive Community Rehabilitation (CCR) Programme has been operating since 21 September 2016.
- 2.2. The objective of CCR is *to provide a holistic and comprehensive rehabilitation care service to all Pneumoconiosis and Mesothelioma patients registered in PCFB or HKSAR Labour Department in Hong Kong who need rehabilitation service so as to improve or maintain their physical functioning level as well as to improve their quality of life.*
- 2.3. The CCR is a rehabilitation programme, tailor-made to individual capacity, involving community participation with networked medical sectors and exercise training centres as working partners. The Case Managers of PCFB take on the role of coordinating and linking up all rehabilitative service units and tracking the service outcomes of each patient. **The Community Rehabilitation Team(s) (CRT) formed by the medical professional partner(s) including Respiratory/Rehabilitation Physician(s), Nurse(s) and Physiotherapist(s) (PT) are the core service providers. They provide regular health assessments; design tailor-made care plans and exercise prescriptions for each patient. To help patients develop healthy lifestyles and regular exercising habits, PCFB also invites other exercise training centres located across districts to provide supervised rehabilitation exercise training (according to exercise prescriptions) in the community.**
- 2.4. **Programme Structure**
 - a. The CCR programme runs in three phases:
 - Phase 1 – Preparation
 - Phase 2 – Consolidation
 - Phase 3 – Maintenance
 - b. Workflow and details of each phase are shown in Appendix II.
 - c. The programme flowchart is listed in Appendix III.

Part III Roles of Service Provider (SP) and PCFB, Programme and Arrangements

3.1. Roles of the SP

- a. To set up Rehabilitation Clinic(s)/Centre(s) for serving Pneumoconiosis and Mesothelioma patients in Hong Kong;
- b. To form a Community Rehabilitation Team (CRT), with at least a doctor, a nurse and a PT, to serve the following functions during different phases of the programme:
 - i. To perform assessments for patients during different phases of the programme;
 - ii. To design tailor-made care plans (including but not limited to patients' needs, interventions, targets, outcome measurement tools, etc.) for individual patients and to decide if patients are fit for regular exercise training in community centres;
 - iii. To recommend exercise prescriptions for patients to have regular exercise in training centres;
 - iv. To set realistic targets for patients and help them achieve those targets;
 - v. To provide assistance during assessment days to ensure the smooth operation of the assessments;
 - vi. To make referrals to PCFB/Government departments/other organisations for necessary services or other subsidy schemes;
 - vii. To keep proper patient records, including adequate backup, and to provide a summary report in Chinese and English to patients after each assessment. The SP should suggest a workflow and timeframe for sending reports to patients and PCFB respectively. In general, reports should reach PCFB and patients within 6 weeks after the assessment date. Security measures should be taken to minimise the risk of data leakage. PCFB reserves the right to require changes to the workflow or submission channels and formats before or during the service period;
 - viii. To allow transfer of patients' records in a required format from the SP to PCFB or its designated agent(s) within one month after the service agreement expires or at the requests made by PCFB. Such requests could be records of selected patients or all;
 - ix. To submit a yearly report and/or any other required reports to PCFB through its specified channels, in the required format, and at regular intervals as requested.
 - x. To attend regular evaluation/operational meetings upon request made by PCFB (maximum 2 times per year); and to allow and provide assistance to PCFB's designated personnel for carrying out the performance and operational audit (if applicable).
- c. Value-added Services
 - i. The SP can provide value-added services to enrich the quality of the programme, which is subject to its own resource availability. It is not a compulsory item but will be considered and accepted by PCFB as appropriate;
 - ii. The value-added services could be offered free or at extra cost. If cost is required, it should be quoted clearly in the price proposal separately under the Value-added Service Category;

- iii. Examples of value-added services that will be considered are: smoking cessation counselling and referral (Only for Phase 1 smoking patients by a registered nurse who has completed smoking cessation counselling training and at least 1 year of relevant work experience), telemonitoring, health talks, peer groups formation, home visits etc. The tenderers should clearly provide details of the service descriptions of the proposed value-added services in the technical proposal under the Value-added Category;
- iv. PCFB reserves the right to accept all or part of the value-added services proposed by the tenderers.

3.2. Roles of PCFB

- a. To provide full financial support to the programme. Fees to be charged by the tenderers should follow the requirements set out in Part VII, guidelines and requirements of Price Proposal, in this document;
- b. To recruit suitable patients and refer them to the CRT;
- c. To assign Case Managers to work closely with the CRT to monitor the progress of health assessments to patients;
- d. To launch publicity campaigns to promote the services to the targeted patients;
- e. To provide advice to the SP, if necessary; and
- f. To commission a list of exercise training centres (at present 12) with PT supervision for PCFB's patients to maintain regular exercise.

3.3. Training Centres

To facilitate patients in developing and maintaining a habit of regular exercising, PCFB has commissioned 12 training centres and recommended them to patients for doing exercises. All fees will be borne by PCFB.

3.4. Assessment Packages

- a. The tenderers should clearly detail suggested assessment lists in the Technical Proposal, and assign qualified professionals (as per the requirements of the CRT team) to conduct and be responsible for the examinations, based on the examinations listed (Phase 1, 2 & 3) below:

Phase 1 – Preparatory Phase Health Assessment

1. Medical history
2. General physical examination with vital sign measurement
3. Resting pulse rate
4. Vision screening
5. Hearing screening
6. MMRC Dyspnea Scale
7. One-Foot Stand Balance Test
8. 6-min Walk Test
9. Grip Strength Test
10. Barthel Index 100
11. Activities of Daily Living Scale (Chinese Lawton)
12. Abbreviated Mental Test
13. Chinese version (MMSE-C) with Montreal Cognitive Assessment – Hong Kong version (HK-MoCA)
14. Patient Health Questionnaire – 9

15. Malnutrition screening
 16. Short Form Health Survey (SF-36)
 17. Chest X-ray
 18. Lung Function Test (Spirometry)
 19. Treadmill/Ergometry Test*
 20. Electrocardiogram
 21. Blood test on Complete Blood Picture, Renal and Liver Function Test, lipid pattern and spot sugar
 22. Body muscle and water proportion
 23. Body Fat Proportion and Muscle Mass Proportion
 24. Exhaled carbon monoxide test
- * Treadmill Test can be replaced by Ergometry Test if the patient's condition is unfit for this examination.

Phases 2 & 3– Consolidation & Maintenance Phases Health Reassessment

1. Medical records between the present and last assessment and vital sign measurement
 2. Resting pulse rate
 3. Blood test on lipid pattern and spot sugar
 4. Body muscle and water proportion
 5. Body Fat Proportion and Muscle Mass Proportion
 6. 6-min Walk Test
 7. Grip Strength Test
 8. One-Foot Stand Balance Test
 9. Short form health survey (SF-36)
 10. Exhaled carbon monoxide test
- b. Other than the abovementioned tests, the tenderers may choose to add or delete items but should provide justifications in either case;
- c. An all-inclusive package fee should be charged after a patient completes each assessment. (Details on pricing will be elaborated in Part VII below.)

3.5. Subcontracting

- a. Preference will be given to those tenderers who could handle all programme tasks without sub-contracting to a third party. However, subcontracting services, like Chest X-ray, laboratory test, record management or other services are not prohibited in this Tender;
- b. Subcontracting service is not limited to medical service but includes all programme-related services for implementing CCR;
- c. If the tenderers need to subcontract any services, the following information should be included in the Technical Proposal:
 - i. Items/services to be subcontracted;
 - ii. Name and detailed information of the subcontractors;
 - iii. Years of cooperation with the subcontractors;
 - iv. Justifications for choosing the subcontractors;
 - v. Quality control mechanisms; and
 - vi. Other information as considered appropriate by the tenderers.
- d. Approval of subcontracting and specific subcontractors is at the sole discretion of PCFB;

- e. Although PCFB will not enter contractual relationship with any subcontractors, it reserves the right to request the SP to conduct performance and operational audits of the subcontractors. PCFB also reserves the right to arrange audit checks to the subcontractors upon request;
- f. During the contract period, the SP should seek PCFB prior approval with justifications before engaging/changing any subcontractors.

3.6. Number of Encounters in Each Phase

- a. The number of encounters (2 to 4 hours per session) should depend on the complexity of cases, but the following information provides minimum requirements as a guideline.
 - i. Phase 1 – 2 encounters
 - ii. Phase 2 – 1 encounter after a patient completes a cycle (minimum 12 sessions or after 3 months, whichever is later) of training in an exercise centre
 - iii. Phase 3 – 1 encounter per 6 months (minimum 12 sessions or 6 months, whichever is later) of training completed in the exercise centre
- b. The SP or Case Managers of PCFB could suggest alternative numbers of encounter(s) for each phase and/or alternative duration and minimum exercise sessions required to enter the next phase, with justifications.

3.7. Assessment Clinic/Centre

- a. The SP should provide an easily accessible and suitable venue for running the service;
- b. For each assessment, it is preferable if all examination items are conducted at a single location or within reasonable distance;
- c. It is advantageous if the SP can offer more than one clinic/centre venue (for example, 1 in HK, Kowloon and New Territories each).

3.8. Service Hours

- a. A minimum of three half-day sessions per week should be offered by the SP, subject to the mutual agreement after awarding the Tender. Preferences will be given to tenderers who can offer more sessions;
- b. PCFB will not guarantee a minimum number of bookings per session. The SP(s) cannot cancel any sessions for the reason that the bookings do not meet a minimum number;
- c. All bookings are by appointment;
- d. The SP should guarantee a minimum number of time slots offered for patients entering different phases, with exact number to be agreed upon by both PCFB and the awarded SP(s). However, PCFB will not guarantee a minimum number of bookings per phase.

Part IV Requirements of Community Rehabilitation Team (CRT) Members and Division of Labour

4.1. Mandatory and Optional Disciplines in the CRT

The CRT should consist of at least a Doctor (as the team leader), a Registered Nurse and a Physiotherapist. It will be considered an added advantage if professionals from other relevant disciplines, such as Occupational Therapist, Clinical Psychologists, and Dietitian, are available in the team. In order to gain extra scores in the Technical Proposal, the tenderers should specify the roles those other disciplines could play in the team.

4.2. Mandatory Qualifications and Favourable Attributes of the Various Disciplines

- a. Doctor
 - i. Mandatory qualification *
Fellow in either rehabilitation or respiratory medicine
 - ii. Favourable attributes
Experience in pulmonary rehabilitation, respiratory medicine or elderly care
 - b. Nurse
 - i. Mandatory qualification *
A registered nurse with at least 3 years of post-registration experience
 - ii. Favourable attributes
 - Experience in rehabilitation, respiratory medicine, or elderly care
 - Experience in performing nursing assessment
 - Experience in serving as coordinator/case manager in a multi-disciplinary team.
 - Familiar with chronic disease self-management
 - c. PT in-charge
 - i. Mandatory qualification *
A registered PT registered with the Physiotherapist Board with at least 3 years of post-registration experience
 - ii. Favourable attributes
 - Experience in pulmonary rehabilitation or elderly care
 - Experience in working in a multi-disciplinary environment
- * **If the proposed staff members of the CRT do not have the mandatory qualification, the tender will NOT be considered.**

4.3. Examples of Roles and Responsibilities for CRT Members

- a. Doctor
 - i. Serve as the team leader
 - ii. Perform rehabilitation needs assessments for the patients
 - iii. Design intervention plan, targets and outcome measurement tools
 - iv. Lead the care plan meeting and other meetings arranged between the CRT members and patients (or including carers)/PCFB
 - v. Make appropriate referrals (if necessary) and
 - vi. Prepare reports for submission to patients and PCFB

- b. Nurse
 - i. Serve as coordinator in the team
 - ii. Perform the nursing assessment role
 - iii. Help patients complete various documents and assessment forms
 - iv. Provide health education to patients
 - v. Collect records/statistics from patients
 - vi. Perform other duties as assigned by the team leader

- c. PT
 - i. Perform assessments of exercise tolerance for patients
 - ii. Provide training for relevant skills, including home exercise
 - iii. Maintain good communications with the PT of all designated training centres regarding the progress reports, needs and exercise prescriptions of patients
 - iv. Compile patient case notes
 - v. Perform other duties as assigned by the team leader

Part V Other Information

5.1. Medical Records

- a. The awarded SP should establish a separate system (hard copies and/or electronic files) with proper backup and security controls.
- b. The Medical Records herein, refer to all cases records including but not limited to X-ray films, laboratory test results, health assessment reports, exercise prescriptions, referral letters, related consents and other information.
- c. The Medical Records should be submitted to PCFB in specific formats, submission channels and at regular intervals as required by the PCFB.
- d. PCFB and SP should both be data owners of the above information.
 - i. The SP should agree to send the whole set of records either to PCFB or its designated organisation after the service contract termination. Data transfer should be completed within 2 months of contract termination.
 - ii. In all circumstances, the SP should strictly comply with the requirements of the Personal Data (Privacy) Ordinance (PDPO)(Cap. 486) to ensure that personal data kept is accurate, securely kept and used only for the purpose for which they have been collected. Any person who controls the collection, holding, processing or use of personal data such as Personal Records should take extra precautions to ensure that the relevant laws on personal data (privacy) and all the codes and guidelines issued by the Privacy Commissioner for Personal Data from time to time are complied with and that effective security measures are adopted to protect personal and sensitive data.
 - iii. All medical records should be kept by the SP during the service period. Destruction/transfer of any medical record without the approval of PCFB is prohibited during or within 7 years after contract termination.

5.2. Quality Assurance

A quality assurance system should be designed and implemented to ensure high service quality for patients. Details should be included in the Technical Proposal, and comprehensiveness, frequency, feasibility and reliability of monitoring shall be part of the technical evaluation criteria. Clinical audits should form part of the quality assurance.

Part VI Guidelines and Requirements of Technical Proposal

6.1. Tenderers are advised to read the following notes carefully before completing the Technical Proposal –

- a. Tenderers shall prepare the Technical Proposal according to the following requirements and provide information and proposal for each item accordingly.
- b. The Tender Proposal shall not be more than 40 pages in A4 size paper (with margins not less than 25mm and character font size not less than 12). Pages after the first 40 pages will not be considered in the tender assessment.
- c. Supplementary materials such as annexes and documentation will be excluded from the total page count.
- d. Tender submission requirements
The Technical Proposal should be submitted with the following information:
 - Executive summary with one or two pages for the proposal;
 - An introduction about the tenderer and its experience in related services as well as the contact information of its authorized representative(s) stated in the tender.;
 - Name and CVs of personnel (limited to a maximum of 2 pages each) in the CRT (if available);
 - Proposed programme details in each phase, including but not limited to:
 - Proposed assessment package(s) in different phases;
 - Detailed descriptions of various parts of the whole programme;
 - A detailed flowchart showing workflows and actions in each phase (elaboration/modification on the chart shown in Appendix III);
 - Proposed job duties of all CRT personnel;
 - Proposed subcontracting item(s) and agents(s) (if applicable);
 - Workflow and timeframe for report submission to patients and/or PCFB.
 - Data record and protection measures;
 - Quality assurance measures;
 - Other applicable information;
 - Appendices (optional)
 - Specifications of assessment items;
 - Specifications/copy of other assessment tools, for example, questionnaires;
 - Suggested report format (for different reports) to patient; and
 - Details of value-added services and additional fee, if applicable.

6.2. Compliance with PDPO

- a. Inclusion of any personal data in the Technical Proposal, for example, the CVs of the CRT members, the tenderers should obtain prior consent from relevant party before transferring the data to PCFB.
- b. PCFB will not hold any responsibility for breaching PDPO during the tender submission process.

Part VII Guidelines and Requirements of Price Proposal

7.1. Tenderers are advised to read the following notes carefully before completing the Price Proposal

COMPULSORY

Tenderers should submit an **all-inclusive package cost** for **ALL** the following packages:

a. Phase I – Preparation

Package 1

- Assessments (2 encounters) *
** A separate quotation should be provided in case patients cannot complete the assessment, for example, if patients attend the first encounter and then quit the programme, i.e. a separate quote should be provided for the first encounter.*
- After completing the assessment, the service provider should arrange to send the following documents to the patients and PCFB respectively.
 - The service provider should send the medical report, exercise prescription and other relevant documents directly to the patients.
 - The service provider should also submit a set of the above documents (in exactly the same format and content) to PCFB. The service provider should be responsible for obtaining consent from patients to ensure data transfer, that is allowed under the PDPO.
- Prescription of rehabilitation aids/medical appliances, pain management related to pneumoconiosis and/or mesothelioma and follow-up (if applicable)
- Arrangement of a meeting with individual patients (and carers if applicable) to explain and agree on a care plan (patient needs, interventions, targets, outcome measurements, etc.)
- More assessments can be suggested by SP or Case Managers of PCFB with justifications.

b. Phase 2 Consolidation (Completion of 2-3 exercise cycles within 3-9 months)

Package 2

- Arrangement of meeting with individual patients (and carers if applicable) after completing the first training cycle. Conduct assessments, identify and solve any problems if necessary.
- Provide relevant reports and other documents to patients (original) and PCFB (copies) respectively.
- Arrange another meeting(s) with the patient (and caregivers if applicable) after completing the second training cycle (same number of sessions as the first cycle). Conduct assessments to decide next steps.
- 2 to 3 assessments may be done in Phase 2.
- More assessments can be suggested by SP or Case Managers of PCFB with justifications.
- After completing Phase 2, the patients proceed to Phase 3.

c. Phase 3 – Maintenance

Package 3

- Arrangement of regular assessment **every 6 months with at least 12 sessions of exercise training completed at the designated training centre***
- 2 to 3 assessments may be done in Phase 3.
- More assessments can be suggested by SP or Case Managers of PCFB with justifications.

Note:

Tenderers should note that the above package descriptions provide a general guideline. In the Price Proposal, tenderers should include details of each package along with an **all-inclusive package cost**. Cost breakdowns can be supplemented if useful.

The all-inclusive package cost should cover all fixed and variable costs that may be incurred under special circumstances. For example, some patients may need oxygen during assessment or any ad hoc emergency care like resuscitation, if required. Under no circumstances can the tenderers charge PCFB extra for value-added services provided during assessment.

Part VIII Requirements for Tender Submission and Closing Date

- 8.1. Each completed tender, with all documents and information required, must be submitted in the following manner strictly; and be placed and **sealed in two separate envelopes** in which –
 - a. 5 copies of the Technical Proposal with all documents and information required should be submitted together with one softcopy (in Microsoft Word format saved in a compact disc/USB device). These should be placed and sealed in one envelope, which should be marked “Tender Submission: **CCR Technical Proposal**”; and
 - b. 5 copies of the Price Proposal should be placed and sealed in another envelope marked “Tender Submission: **CCR Price Proposal**”. Please complete the price proposal form in Appendix V.
- 8.2. If there is any discrepancy between the soft copy and the hard copy, the hard copy will prevail.
- 8.3. All tenders must be addressed to Mr. Ricky Law, Secretary General and deposited in the PCFB Secretariat Tender Box situated at 15/F, Nam Wo Hong Building, 148 Wing Lok Street, Sheung Wan, Hong Kong before the Tender Closing Date. Late submission and tenders that are submitted by post, email or facsimile will **NOT** be considered.
- 8.4. In case a black rainstorm warning signal or tropical cyclone warning signal No. 8 or above is hoisted or “extreme conditions” arising from a super typhoon or other natural disaster of a substantial scale is announced at any time between 9:00 am and 12:00 noon on the Tender Closing Date, the tender closing time will be postponed to 4:00 pm on the first working day after the black rainstorm warning signal has ceased or the tropical cyclone warning signal No. 8 is lowered, or the “extreme conditions” announcement is no longer valid.
- 8.5. If the tenderer discovers any error in its tender after submission, an amendment is allowed before the Tender Closing Date.
- 8.6. All tender documents will not be returned to the tenderers.
- 8.7. Tender Closing Date: **8 May 2025 (Thu) at 12:00 noon**. The tender shall be valid for 180 days after the Closing Date.

Part IX Assessment and Tender Award

9.1. Assessment

Assessment will be conducted in two separate parts as below:

- a. Technical assessment
- b. Price assessment

A weighting of **70% : 30%** will be assigned to the Technical Proposal and Price Proposal.

9.2. Assessment criteria for Technical Proposal

- a. Experience of organisations in providing related services
- b. Qualification and experience of CRT staff
- c. Relevancy and comprehensiveness of the assessment packages (All stages)
- d. The overall design of the programme
- e. A reliable data record and protection system
- f. A reliable quality assurance scheme
- g. Number and location of the assessment centre(s)
- h. Value-added service
(For details, please refer to Appendix IV.)

9.3. Tender Assessment Panel

This tender exercise is steered and assessed by the Tender Assessment Panel of PCFB.

9.4. Other conditions

- a. PCFB may not accept the lowest-priced tender or any tender, and reserves the right to negotiate with any Tenderer(s) about the terms of the offer.
- b. PCFB reserves the right to reject any or all of the Tenders.
- c. PCFB will not disclose the fee or any information to a third party.
- d. PCFB's decision will be final. All information related to the selection such as scores and comments will be treated as confidential.
- e. PCFB reserves the right to grant similar contracts to more than one tenderer at any time (not necessarily at the same price).

9.5. Notice of Tender Result

PCFB will notify the successful tenderer(s) by writing of the results latest in August 2025. A service agreement will be signed between PCFB and the selected service provider(s). The service provider will only be confirmed after the service agreement has been signed. Unsuccessful tenderer(s) will not be notified.

9.6. Service Commencement Date

September 2025, or a date to be mutually agreed by PCFB and the service provider.

Part X Supplementary Information

10.1. Addendum

PCFB may issue an addendum to the terms and conditions set out in the Tender Documents before or after the Tender Closing Date. If such an addendum is issued after the Tender Closing Date, tenderers may be asked to confirm compliance with the addendum, failing which their tenders may be disqualified.

10.2. Documents of Tenderers

PCFB is not obliged to return any tender submissions to the tenderers and documents submitted by unsuccessful tenderers may be destroyed not less than three months after the Contract Commencement Date.

10.3. Prevention of Bribery Ordinance Requirement

- a. Tenderer's attention is drawn to the Prevention of Bribery Ordinance (Cap. 201) in particular section 4 where it is provided, inter alia but without limitation, that any person, whether in Hong Kong or elsewhere, without lawful authority or reasonable excuse, offers any advantage to a public servant as an inducement to or reward for or otherwise on account of that public servant's assisting or favouring any person in the transaction of any business with a public body shall be guilty of an offence. Any contravention by a tenderer of the Prevention of Bribery Ordinance (Cap. 201) will, without prejudice to other rights and claims of PCFB against the tenderer arising from such contravention, entitle PCFB to disqualify its tender.
- b. The tenderer shall not and shall ensure that his agents and employees shall not give or offer any advantages as defined under the Prevention of Bribery Ordinance to any agent or employee of PCFB. The tenderer is also prohibited from colluding with other bidders in this tendering in whatever forms (e.g. price rigging). Any breach of or non-compliance with these clauses by the tenderer shall, without affecting the tenderer's liability for such breach or non-compliance, invalidate his tender.
- c. If the supplier/contractor or any employees or agents of the supplier/contractor shall be found to have committed an offence under the Prevention of Bribery Ordinance in relation to the tender or the contract, PCFB may terminate the contract without entitling the supplier/contractor to any compensation therefore, and the supplier/contractor shall be liable for all losses and expenses necessarily incurred by PCFB as the result of such termination of the contract.

10.4. Disclaimer

All information, statistics, forecasts and projections provided by PCFB in connection with this invitation to tender (including those set out in the Tender Documents) (collectively "Information") are for reference only. PCFB gives no warranty, representation or undertaking as to their accuracy, reliability or completeness. PCFB accepts no liability whatsoever for (a) the accuracy, completeness or reliability or otherwise of any such Information; (b) any claim, legal proceeding, liability, loss (including any direct or indirect loss, and any loss

of revenue, profit, business, contract or anticipated savings) or damage (including any Terms of Tender direct, special, indirect or consequential damage of any nature whatsoever); and (c) any increased costs and expenses, which any Tenderer or any other person may sustain or incur, arising from its reliance on any Information.

10.5. **Anti-collusion**

- a. By submitting a tender, the tenderer represents and warrants that in relation to the Tender:
 - i. It has not communicated and will not communicate to any person other than PCFB the amount of any price submitted in its tender;
 - ii. It has not fixed and will not fix the amount of any price submitted in its tender by arrangement with any person;
 - iii. It has not made and will not make any arrangement with any person as to whether it or that other person will or will not submit a tender; and
 - iv. It has not otherwise colluded and will not otherwise collude with any person in any manner whatsoever in the tendering process.

- b. In the event that the tenderer is in breach of any of the representations and/or warranties in Clause 10.5 herein, PCFB shall be entitled to, without compensation to any person or liability on the part of PCFB –
 - i. Reject the Tender;
 - ii. If PCFB has accepted the Tender, withdraw its acceptance of the tender; or
 - iii. If PCFB has entered into the contract with the tenderer, terminate the contract.

- c. The tenderer shall indemnify and keep indemnified PCFB against all losses, damages, costs or expenses arising out of or in relation to any breach of any of the representations and/or warranties in Clause 10.5a above.

- d. Any breach of any of the representations and/or warranties in Clause 10.5a above by the tenderer may prejudice the tenderer's future standing as a PCFB contractor.

- e. The clause of Anti-Collusion above shall have no application to the tenderer's communications in strict confidence with its own insurers or brokers to obtain an insurance quotation for computation of the tender price, or with its professional advisers, consultants or sub-contractors to solicit their assistance in the preparation of tender submission.

- f. The rights of PCFB under the clause of Anti-Collusion are in addition to and Terms of Tender without prejudice to any other rights or remedies available to it against the tenderer.

10.6. Anti-Competitive Conduct

- a. The tenderer shall not and shall ensure that his agents and employees shall not contravene a competition rule or have been involved in a contravention of a competition rule under the Competition Ordinance (Cap 619). Any breach of or non-compliance with these clauses by the tenderer shall, without affecting the tenderer's liability for such breach or non-compliance, invalidate his tender.
- b. If the supplier/contractor or any employee or agent of the supplier/contractor shall be found to have reasonable cause to believe have contravened a competition rule or have been involved in a contravention of a competition rule under the Competition Ordinance (Cap 619) in relation to the tender or the contract, PCFB may terminate the contract without entitling the supplier/contractor to any compensation therefore, and the supplier/contractor shall be liable for all losses and expenses necessarily incurred by PCFB as the result of such termination of the contract.

10.7. Safeguarding National Security in Hong Kong

- a. The tenderer shall ensure that his agents and employees shall take into account their duty to safeguard national security and shall not be engaged in any acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security. Any breach of or non-compliance with these clauses by the tenderer shall, without affecting the tenderer's liability for such breach or non-compliance, invalidate his tender.
- b. If the supplier/contractor or any employee or agent of the supplier/contractor shall be found to have engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security in relation to the tender or the contract, PCFB may terminate the contract without entitling the supplier/contractor to any compensation therefore, and the supplier/contractor shall be liable for all losses and expenses necessarily incurred by the PCFB as the result of such termination of the contract.

Part XI Briefing Session and Enquiries

11.1. An online briefing session will be held in April 2025, with the following information:

Date: 23 April 2025 (Wed)

Time: 15:00

11.2. Tenderers who wish to attend the briefing session are requested to register by sending an email to antchung@pcfb.org.hk, providing the title/position and number of attendant(s) on or before 3:00pm on 22 April 2025 for registration. PCFB reserves the right to reject any persons wishing to attend the session without registration.

11.3. Enquiries

Mr. Anthony Chung

Prevention, Rehabilitation and Research Officer

Tel: 3578 8102

E-mail: antchung@pcfb.org.hk

Appendix I

Age and Degree of Incapacity (DOI) Distributions among Surviving Patients as of 31 January 2025 (for 1 371 patients receiving compensation under the PMCO only)

Age distribution

Age	
Below 50	4
50-59	20
60-69	436
70-79	664
80 & above	247
Total	1 371

Degree of Incapacity (DOI) distribution

DOI	
5-20%	1 087
25-40%	180
45-60%	63
65-80%	24
85-100%	17
Total	1 371

Appendix II

Workflow and Details of Each Phrase of the Programme

The CCR Programme operates in 3 phases, namely (i) Preparation; (ii) Consolidation; and (iii) Maintenance. Details of each phase are explained below:

Phase 1 Preparation (1-3 months)

- Patients referred by PCFB
Inclusion criteria
 - i. Pneumoconiosis and Mesothelioma patients receiving compensation from the Pneumoconiosis Compensation Fund Board (PCFB) or the Pneumoconiosis Ex-gratia Scheme
 - ii. Having signed a consent form and filed with PCFB
- Estimated number of patients for assessment
 - i. 200 cases per year for Phase 1 and 350 cases per year for Phases 2 and 3
(The above is a rough estimation only. PCFB will not guarantee any minimum number, or a single service provider.)
- A Comprehensive Rehabilitation Assessment to be conducted by the CRT:
 - i. Review medical history, sign relevant documents, and arrange registration in Electronic Health Record Share System (醫健通), if applicable.
 - ii. Identify patients' rehabilitation needs and problems by conducting a comprehensive assessment.
 - a. The CRT is responsible for designing an assessment package with reference to the guidelines in section 3.4 "Assessment Packages" of this document. The examination items should be related to the implementation of pulmonary rehabilitation programmes.
 - b. Examination items may be divided into compulsory and optional.
 - c. Number of encounters and duration depends on cases complexity.
 - d. If any licensing fee (or others) is incurred, the SP should cover such cost.
 - iii. A medical report in both Chinese & English, exercise prescription and other relevant documents should be sent directly to patients, while copies should be submitted to PCFB for record.
 - iv. A summary of medical records, in Excel format to be designed by PCFB, should be prepared by the CRT and submitted to PCFB at regular intervals and required channels;
 - v. Design appropriate intervention (if fit for regular exercises in training centres), or referral.
 - vi. All interventions should target the patient's needs.
 - vii. If a patient is assessed to be in need of medical appliances as prescribed under PMCO, a referral with recommended appliances should be made to PCFB.
 - viii. If a patient is eligible for other compensation/subsidies/other social welfare schemes, a referral should be made to the appropriate organization(s)/Government department(s).
 - ix. If a patient is assessed to have health (or other) problems and is considered unfit for regular exercise training at the training centre, he or she should be referred to suitable medical centres (or other institutions) for follow-up.

- x. If a patient is assessed to be fit for regular exercise training in the training centre, the CRT should provide the following interventions, including but not limited to:
 - a. Prescribe exercise training and provide adequate supervision (for example, by a PT);
 - b. Design appropriate outcome measurement tools;
 - c. Offer value-added services (if applicable), such as telemonitoring for better monitoring, incentives to encourage patients compliance, etc.
 - d. The CRT should prepare a detailed report after completing Phase 1 to be kept in the patient's record.

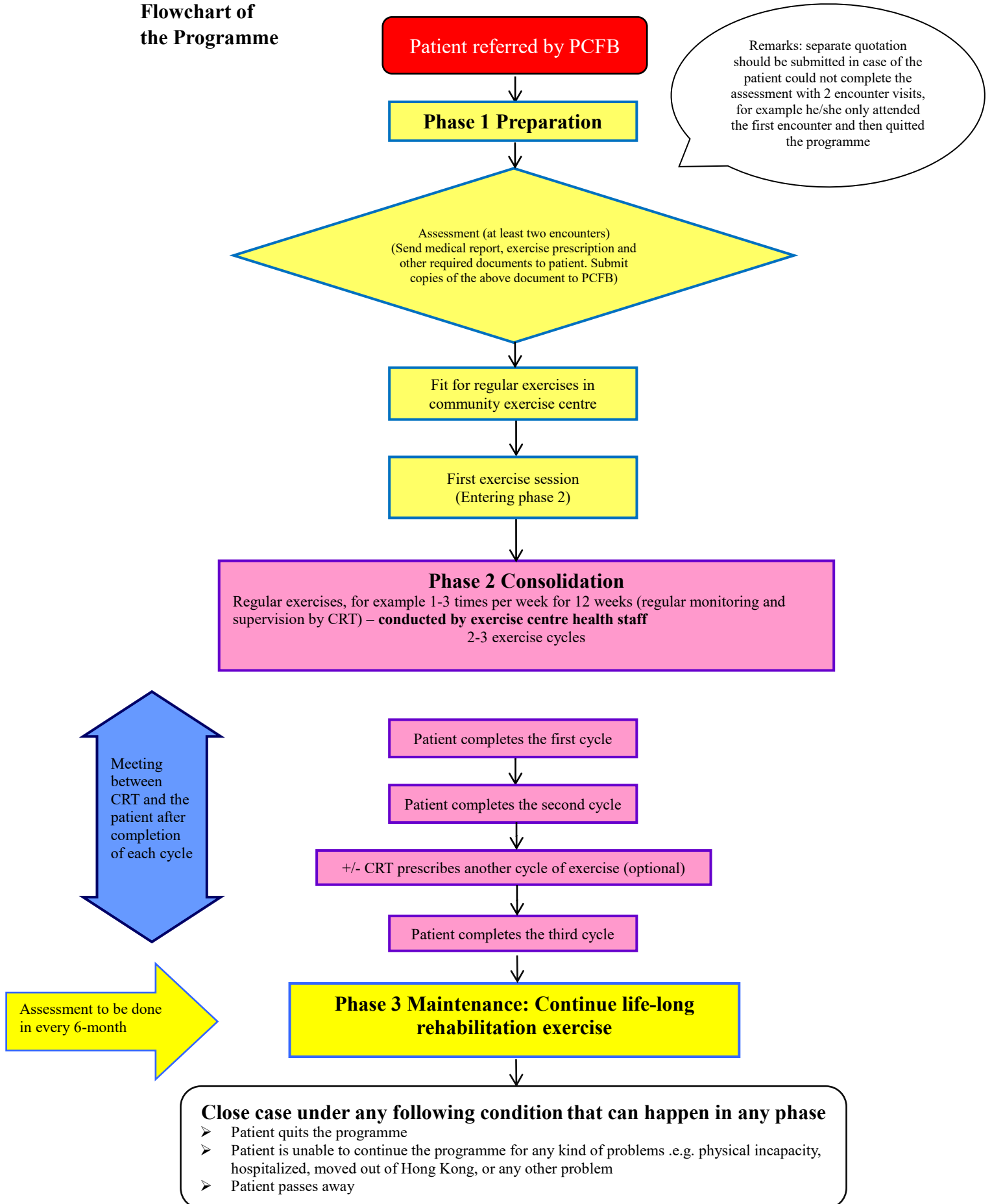
Phase 2 Consolidation (with proper monitoring by the CRT in collaboration with the case manager assigned by PCFB)

- The target is for patients to develop regular exercise habits.
- For patients assessed as fit for training centre, develop a care plan and exercise prescription (e.g. 1-3 times per week for 12 consecutive weeks or 3 months, whichever is longer). Design a care plan form/report to record patient intervention and progress.
- Recommend CRTs prescribe exercise cycles (12 sessions or 3 months, whichever is longer) and supervise patients through 2-3 cycles within 3-9 months.
- Arrange a meeting after the patient completing the first training cycle (at least 12 sessions or 3 months) for the CRT to understand progress and resolve any problems. Conduct assessments comparing pre and post-intervention results and explain progress clearly to the patient. Adjust exercise prescription if necessary.
- Proper records should be kept by the assessment centre under CRT nurse supervision.
- Arrange another meeting after the patient completes the second training cycle (equal sessions to cycle 1). Compare pre and post-intervention assessments, explain progress clearly, and identify any significant ongoing problems. Patients with satisfactory results can proceed to Phase 3.
- If significant problems persist after cycle 2, the CRT should help resolve them and prescribe another cycle, followed by a meeting after completion.
- Provide patients a summary report in Chinese and English with explanations. CRT should keep detailed records.
- Three scenario examples in Phase 2:
 - i. Non-compliance/patient quits the programme (no reassessment will be done).
 - ii. No significant problems found after the patient completes two cycles of exercise prescription, the patient will proceed to Phase 3.
 - iii. Significant ongoing/new problems after cycle 2 – extension of Phase 2 with another cycle will be offered.

Phase 3 Maintenance (long-term)

- Patients should have developed a regular exercise habit of 2 times per week when entering this phase.
- The CRT could design a motivation strategy to encourage and recognize patients.
- Conduct assessments in every 6 months.
- Send a summary report in Chinese and English to the patient.
- If a patient's health deteriorates to the point that they cannot tolerate exercise training, or after the patient passes away, the case should be closed.

Appendix III Flowchart of the Programme



Appendix IV

Marking Scheme of Technical Score and Calculation

Marking items	Maximum score	Guidelines
1. Experience of organisations in providing related services	2	Years of experience
2. Qualification and experience of CRT staff involved in the programme	25	Mandatory qualifications must be fulfilled Doctor: 10 Nurse and PT: 7.5 each
3. Relevancy and comprehensiveness of the assessment packages (All stages)	13	
4. The details or specifics of the proposal	15	Including all information required with adequate explanation and elaboration
5. A reliable data record and protection system	15	<ul style="list-style-type: none"> Data record policy Training record Internal/External Audit record (with supporting documents)
6. A reliable quality assurance scheme	15	<ul style="list-style-type: none"> A reliable quality assurance scheme Internal audit available and frequency External audit available and frequency
7. Number and location of the rehabilitation clinic(s)	15	Number of clinics Convenience One-stop service
Total	100	
Passing mark	50	If the total score is below 50, the tender will be disqualified.

Calculation:

1) **Technical score: 70%**

$$\frac{\text{Total mark for the technical proposal under vetting}}{\text{Total mark for the tender getting the highest mark}} \times 70\%$$

2) **Price score: 30%** (based on unit cost of each examination)

$$\frac{\text{Lowest total price}^*}{\text{Price for the proposal under vetting}} \times 30\%$$

* The total price is the sum of the prices of Phase 1, Phase 2 and Phase 3.

3) **Grand Total = Technical score (70%) + Pricescore (30%)**

If the total technical score is below 50 out of 100, the tender will be disqualified.

Appendix V

Price Proposal Form

1. An all-inclusive Price for Each Encounter in Different Phases

Encounter Type	All-inclusive Unit Price (HK\$)
Phase 1 first encounter	
Phase 1 second encounter	
Phase II encounter	
Phase III encounter	
Total *	(Total sum of all the above prices) HK\$

- * This total sum will be used for price score calculation according to the formula as quoted in Appendix IV of the tender document.

2. Unit price for value-added services (if applicable)

Service item	Unit price (HK\$)