

**Invitation for Tender**  
**for the Provision of Social Support Services**  
**targeted for**  
**Pneumoconiosis/Mesothelioma patients and/or Carers**  
**(Service Period: 1 January 2020 – 31 December 2022)**

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## **Part I Introduction**

### **1.1 Pneumoconiosis Compensation Fund Board**

- a. The Pneumoconiosis Compensation Fund Board (PCFB) is a statutory body established in 1980 under the former Pneumoconiosis (Compensation) Ordinance [now known as the Pneumoconiosis and Mesothelioma (Compensation) Ordinance].
- b. According to the Pneumoconiosis & Mesothelioma (Compensation) Ordinance, PCFB should have the following functions:
  - To administer the Fund;
  - To make recommendations to the Government with respect to the rate of levy;
  - 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;
  - 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
  - To perform such other duties as are imposed on it by this Ordinance.

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

### **1.2 Background of this Tender**

- a. PCFB would like to cordially invite Tenderers to submit Tenders for provision of Social Support Services to supplement the other physical rehabilitation programmes arranged by PCFB and/or her designated service providers.
- b. As at 31 December 2018, there are around 1,460 pneumoconiosis and mesothelioma patients registered in PCFB.
- c. PCFB upholds the following beliefs for provision of high quality rehabilitation service to the service targets:
  - i. Varied programme settings and contents should be worked out so that a variety of programmes could be tailored for service targets with different needs.
  - ii. Individualised rehabilitation care is one of the best approaches to provide holistic health care to the patients.
  - iii. The scope of rehabilitation services should be “all-rounded” covering bio-psycho-socio-spiritual aspects of the service targets.
  - iv. While patents should always be focus of attention, the informal family carers also play an important role in the caring process of the patients.
- d. Current rehabilitation services provided/funded by PCFB for different service targets are under the coordination of Case Managers:
  - i. Community-based rehabilitation exercise training arranged by PCFB in cooperation with individual rehabilitation exercise centres and a separate assessment team.
  - ii. Home-based rehabilitation exercise training.

- iii. Home-based social support programme for patients.
  - iv. Community-based social supported programmes for patients.
  - v. Other training and social activities as funded by PCFB through the rehabilitation sponsorship scheme.
- e. As some of the service period of programmes listed in (d) above would be expired by the end of 2019, PCFB would like to invite potential service providers to submit Tenders for the provision of social support services from 2020-2022 for supplementing the physical rehabilitation programmes run by PCFB or her designated service providers. Outline of the new programme is listed in the following point for Tenderers' reference.
- f. Outline of the new service required
- i. Targets: Pneumoconiosis/Mesothelioma patients and/or carers of the patients.
  - ii. Main objective: No matter the programme is targeted for patients or carers, the main objective should be for providing rehabilitation service and assistance to patients, facilitating their integration into society. By improving the caring skill of patients' family members/carers, it will lessen their burden and in turn improve the quality of lives of service users, including patients, their family members and/or carers.
  - iii Programme setting: Home-based/community-based, depending on the nature of the programmes and the needs of the targets. Details of each type would be elaborated in the following Parts II-III.

## **Part II Home-based Social Support Services (for patients and/or carers)**

### **2.1 Targets (Service users including patients and/or carers)**

- a. Patients with frail conditions and being home-bound.
- b. Patients' health or other conditions restrict them to join any rehabilitation programmes arranged in the community.
- c. Patients with frequent hospital admissions (3 times or more in the previous year)
- d. Patients being identified to have emotional/psychological/social/family/other problems that would affect their life quality.
- e. Patients' carers being identified to have emotional/psychological/social/family/other problem that would eventually affect patients' quality of life.
- f. The service could be offered to patient alone/patient and carer together/patient and carer separately. However, in whatever cases the outcome should be aiming at improving the rehabilitation and quality of life of the patients.

### **2.2 Inclusion criteria**

It is with the above targets in mind that the Tenderers should work out a list of inclusion criteria themselves for justifying the recruitment of suitable patients into the programme. While the list should be clearly included in the technical proposal, decision leaves with PCFB to finalise the list after the Tender is being awarded to Tenderer(s).

### **2.3 Estimated target numbers**

- a. About 60-100<sup>#</sup> home-bound/institutionalised pneumoconiosis and mesothelioma patients.
- b. About 60 patients with frequent hospital admissions (3 times or more in the previous year).
- c. About 100 carers possibly being identified to have social/psychological problems that would eventually affect patients' quality of care.
- d. The above numbers have been worked out based on past records of various programmes and those cases grouped in (a)-(c) might be overlapping.
- e. The Tenderer could either propose serving all patients or only cover patients living in selected districts. Such information should be clearly specified in the Technical Proposal.
- f. In any case, PCFB would not guarantee a minimum number of cases to be referred to any Tenderer(s).
- g. In case more than one Tenderers being awarded for the Tender, PCFB would assign to each Tenderer district(s) that she would be responsible for. In this case, PCFB's decision would be final and Tenderers need to follow the case allocations strictly.

<sup>#</sup> Actual number may vary according to conditions of patients

### **2.4 Objectives**

- a. To obtain data of service users' social rehabilitation needs and identify any social barriers.
- b. To provide social support services to service users in a home setting so as to promote social well-being.
- c. To solve or at least ease the social/psychological problems faced by service users

so as to assist in meeting patients' rehabilitation needs with a view to improving their quality of life.

- d. To assist carers to care for patients efficiently, resolve their stresses and emotional distress while enhancing their psychological and mental health. Eventually, family resilience is strengthened through resolution of family crises.
- e. To help home-bound patients re-integrate with the society and to promote participation and networking in society.
- f. To assist service users applying for various compensation items, for example medical appliances from PCFB.
- g. To provide resources of other social welfare schemes and make proper referral so as to assist the service users obtaining the related service in need.

## **2.5 Service Descriptions**

- a. All cases should meet the inclusion criteria mutually agreed by the Service Provider (SP) and PCFB otherwise individual approval should be obtained from PCFB.
- b. Case Management approach – each service user will be treated as an individual case and an individual case file should be opened for each case and care plan has to be set and implemented throughout the service. The SP would be responsible for closely monitoring the progress of the service user and keep proper record in the case file.
- c. Assessment – the SP should adopt a set of required tools for assessing the service users' conditions in the 1<sup>st</sup> visit and then at a regular interval to check the progress and any improvements. Examples of tools include HADs; APGAR. OADS (Social Resource Scale), Rasch-Type Loneliness Scale (Long Version), Functional Impairment Checklist and any assessment tools proposed by the service providers whichever are valid. The SP would need to suggest her own set of assessment tools to be used and provide clear justifications. In case license fees are required for the above tools, the SP should be responsible to obtain the license. However, the final set of tools to be used must be mutually agreed by PCFB and the SP after the Tender(s) is/are being awarded.
- d. Intervention - deliver social support services such as counselling; help reinforce the skills taught by other disciplines e.g. rehabilitation exercises and/or any other skills that can promote physical and social well-beings; help solve personal problems such as poor family relationship and emotional stress; induce and encourage positive thinking; provide spiritual support if applicable; empower carers to take better care of the patients; make proper referral and provide relevant assistance.
- e. As the service will be conducted in an outreach approach, caring visits are the main service delivery mode. The total number of visits per case per year (12 months) is set at 17 in general; please refer to the protocol of caring visits below, and each visit should last for at least 60 minutes (in order to charge the service fee. Additional visits may be required according to service users' needs as suggested by service provider, whereas number of visits may not be fully achieved due to occasional refusal by the service users due to various personal reasons. (Remarks: Even the service user is hospitalized, it is highly recommended to continue to carry out caring visits.)

<i>Time</i>	<i>Frequency of Visit</i>	<i>Total no. of visit (in 1 year)</i>
1 <sup>st</sup> month (assessment & engagement)	Once a week	4
2 <sup>nd</sup> - 3 <sup>rd</sup> month	Once/biweekly	4
4 <sup>th</sup> month onwards	Once/month	9

- f. While the home visits could be targeted to serve patients alone, patients and carers as a single unit or the carers alone, the home visit must be terminated after the patient passes away. In this case, a maximum of 1 home visit session is allowed for rounding up the service after the patient passes away.
- g. Caring Calls can be used as a supplementary service whenever necessary so as to keep close contact with the service users.
- h. The SP is required to keep close communication with the Case Manager of PCFB and/or other service providers, for example staff from hospitals for providing a 'all-rounded' service to the service users. In this case, staff of SP has to attend case conference whenever necessary. A maximum of 12 case conferences could be called by PCFB during a year.
- i. Possible escort patients to receive medical follow-up and related rehabilitation services are required when necessary.
- j. The above just provides a framework of the service, the Tenderer is expected to include the contents of 'her own' programme in the Technical Proposal.

## **2.6 Requirement of designated staff**

- a. For all home-visits, they must be conducted by a registered social worker.
  - i. He/she must have at least 8 years of post-registration social work experience.
  - ii. Worker with a higher degree, for example, master degree in counselling or in other relevant disciplines would be considered as an advantage.
  - iii. One designated staff should be assigned to each case and all home visits for a same case should be conducted by this assigned staff as far as possible.

## **2.7 Patients' record**

- a. The SP should establish a separate system (hard copies and/or electronic files) with proper back-up and security control to store all patients' records.
- b. PCFB should be the data owner of the above information.
- c. The SP should agree to send the whole set of records to PCFB after the termination of the service contract. Transfer of such data should be completed within 2 months after the termination of contract.

## **Part III Community-based Social Support Services (for carers)**

### **3.1 Targets (Service users including carers of patients)**

- a. Primary carers of patients who spend most of their time daily taking care of the patients.
- b. Carers who have physical/emotional/psychological problems that would affect the caring quality of the patients.
- c. Carers who have relationship problems with patients and/or other family members that would affect the caring quality of the patients.
- d. Carers with no or insufficient caring knowledge or skills to take care of the patients.

### **3.2 Inclusion criteria**

- a. Based on the above targets the Tenderer(s) should design assessment tools for recruiting suitable carers to receive the programme. The assessment criteria should eventually be agreed by PCFB and the SP(s) after the tender being awarded.
- b. Carer not having received the service during the last calendar year should have priority to join the programme.
- c. Carer must quit any programme within 14 days after the caring patient passes away.

### **3.3 Estimated target numbers**

- a. About 200 - 300 carers. These figures are just rough estimation worked out based on past experience.
- b. The Tenderer(s) could either propose organising activities to cover all districts in Hong Kong or only cover selected districts. Such information should be clearly specified in the Technical Proposal.
- c. In case more than one Tenderers being awarded for the Tender, PCFB would assign to each Tenderer district(s) that she would be responsible for. In this case, PCFB's decision would be final and Tenderers need to follow district allocations strictly.

### **3.4 Objectives**

- a. To help carers understand the caring needs of patients.
- b. To help carers understand the caring burden they have to face so that they could be better prepared for that.
- c. To release the pressure of carers so as to bring them a good psychological health.
- d. To enhance the caring skills of carers so as to improve the care quality.
- e. To help carers establish/maintain a good and stable relationship with the patients.
- f. Other objectives as proposed by the Tenderer.

### **3.5 Service Descriptions**

- a. The community services could either be arranged as a one-off activity or a series of activities with fixed number of sessions. The Tenderer should specify this and give details in the proposal.
- b. No matter the activity is arranged as one-off or in a series, a clear theme should be developed for each programme.
- c. The minimum length of each session should be 60 minutes but the actual length could be varied according to the contents of the programme. However, whatever

length the programme will be, at least 20% of time should be reserved for carers' exchange.

- d. Interactive activities are considered more desirable than one-way lecture.
- e. Activity with professional input, for example a workshop designed by a university or other professional body would be considered as an advantage.
- f. A minimum attendance of 10 carers (in case of a one-off activity) or an average attendance of 10 (in case of a series of activities) is required for charging PCFB a full session fee, otherwise PCFB reserves the right to deduct the session fee in pro-rata.
- g. Assessment – the SP should develop and adopt a set of assessment tools for each activity. Such tools should be specified with justifications in the Technical proposal. However, the final set of tools to be used must be mutually agreed by PCFB and the SP after the Tender is being awarded.
- h. In order to have a fair evaluation, a session fee should be quoted in the Price Proposal (to be elaborated at later part).

### **3.6 Requirement of designated staff**

- a. All activities should be conducted by designed staff who meets the following basic requirement.
  - i. For areas related to social work, the programme must be conducted by a registered social worker with at least 8 years of post-registration social work experience.
  - ii. For areas related to other disciplines, the one conduct the activity should be one with relevant qualification and 4 years or more work experience.
- b. The staff employed to hold the activity could either be a full-time staff employed by the Tenderer or a part-time staff employed for a single activity. Whichever the case, the salary or fee of this staff should be included in the single session fee as quoted above.
- c. For other clerical and coordination tasks, they could be performed by other staff employed by SP and the fee should be included in the single session fee as quoted above.

### **3.7 Carers' and patients record**

Carers' records should be kept according to details as stated in 2.7 above.



## **Part IV Other information**

### **4.1 Quality Assurance**

- a. A quality assurance system should be designed and implemented so as to ensure high quality of service offered to our clients. Details should be included in the proposal, and the comprehensiveness, feasibility and reliability of the monitoring shall be part of the technical marking criteria.
- b. A strong supervisory and/or advisory arm could be part of a quality assurance system.

### **4.2. Budget**

- a. The Tenderer should work out a budget for the whole project period (3 years) based on the followings:
  - i. Unit cost per home-visit (at least 60 minutes)
  - ii. Unit cost (per session cost) of each community programme
- b. The unit cost should be a lump-sum figure inclusive of all service provided the above.
- c. PCFB would only pay for those cases that have received the full services, and not for those cases who only receive part of the service (eg a home visit only lasts for 30 minutes and the patient refuses to continue)
- d. All prices quoted should be valid during the whole service period. No price increase will be allowed during the period.

## **Part V Guidelines and requirements of Technical Proposal**

### **5.1 General Requirement**

- a. Tenderer shall prepare the Technical Proposal according to the following requirements:
  - i. The Technical Proposal shall not be more than 40 pages in A4 size paper for the main body (with margin not less than 25mm and character font size not less than 12). Pages not in the prescribed format may, at the PCFB's sole discretion, not be considered. Pages after the first 40 pages will be disregarded and the content thereof will not be considered in the tender assessment. Other information, including the related annexes and documentary proof, will not be subject to the specified page limit.
  - ii. The Technical Proposal should include the following information:
    - A one or two page executive summary for the proposal;
    - An introduction about the Tenderer and its experience or supervisory experience on related services;
    - Name and CV of key personnel (operation and supervisory) going to be in-charge and operations of this project limited to a maximum of 2-page each);
    - Area(s) chosen to be served (whole Hong Kong or specified areas)
    - Number of maximum service capacity (for each item) that the Tender could provide in one year;

### **5.2 Specific Requirements**

Proposed programme details, including but not limited to the followings:

- Objectives of the programmes;
- Proposed assessment package(s) to be used and justifications;
- Proposed contents of the different service items;
- Data record and protection measures;
- Quality assurance measures; and
- Others information as considered applicable.
- Appendices to be included (optional)
- Specifications/copy of other assessment tools, for example questionnaire

### **5.3 Compliance with the Personal Data (Privacy) Ordinance (PDPO)**

- a. For inclusion of any personal data in the technical proposal, for example the CVs of the responsible physician, the Tenderers must ensure that the concerned personnel have explicitly given consents allowing transfer of the personal data from the Tenderer to PCFB.
- b. PCFB will not hold any responsibility of breaching PDPO during the Tender process.

## **Part VI Guidelines and requirements of Price Proposal**

### **6.1. Submissions**

- a. Tenderers should submit an all-inclusive package cost for the different items
  - i. Unit cost per home-visit (at least 60 minutes)
  - ii. Unit cost (per session cost) of each community programme
- b. The quotation should be made valid during the whole contract period
- c. Cost breakdown could be provided for reference (not compulsory)

## Part VII Requirements for Tender Submission

- 7.1 Each completed Tender with all documents and information required, must be submitted in the following manner; and be placed and sealed in two separate envelopes in which –
- a. The Technical Proposal with all documents and information required should be submitted in TRIPLICATE together with one softcopy (in Microsoft Word format saved in a compact disc). These should be placed and sealed in one envelope. The envelope should be marked “Tender Submission: **Social Support Services - Technical**”;  
IMPORTANT: No price indication in any form should be included in the Technical Proposal;
  - b. The Price Proposal in TRIPLICATE should be placed and sealed in another envelope marked “Tender Submission: **Social Support Services - Price**”.
  - c. In the event of any discrepancy between the soft copy and the hard copy of any tender submission, unless the PCFB wishes to seek clarification, the hard copy will prevail.
  - d. All Tenders must be addressed to Mr. Ricky Law, Secretary General and deposited in the PCFB Secretariat Tender Box situated on 15/F, Nam Wo Hong Building, 148 Wing Lok Street, Sheung Wan, Hong Kong before 1200 noon on 5 August 2019, the Tender Closing Date. Late tenders will NOT be considered. Tenders submitted by post, e-mail or facsimile will also NOT be considered.
  - e. In case a black rainstorm warning signal or tropical cyclone warning signal No. 8 or above is hoisted at any time between 12:00 and 14:00 on the Tender Closing Date, the tender closing time will be postponed to 14:00 on the first Working Day after the black rainstorm warning signal has ceased to be in effect or the tropical cyclone warning signal No. 8 is lowered.
  - f. In the event of a Tenderer discovering an error in its Tender after it has been submitted, an amendment to the Tender may be submitted provided that the amendment is submitted before the Tender Closing Date.
  - g. All Tender documents will not be returned to the Tenderers.

## **Part VIII Assessment and Tender Award**

### **8.1 Assessment**

- a. Assessment will be done in two separate parts as below:
  - Technical assessment
  - Price assessment
- b. A weighting of 70%:30% will be assigned to the Technical Proposal and Price Proposal.
- c. For the evaluation of the technical proposal, the following criteria would be considered:
  - Background/track record of the Tenderer and the designated staff
  - Quality of the programmes
  - Relevancy of assessment tools being chosen
  - Others (eg quality control system, data privacy protection system etc.)

### **8.2 Assessment Panel**

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

### **8.3 Other conditions**

- a. PCFB does not bind herself to accept the lowest price Tender or any Tender, and reserves the right to negotiate with any Tenderer 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 confidential.
- e. PCFB reserves the right to grant similar contracts to more than one SPs at the same period of time. (not necessarily at the same price)
- f. In connection with the above point (e), PCFB reserves the right to allocate the cases to different SPs.

### **8.4 Notice of Tender Result**

PCFB will notify all Tenderers by writing the results latest in October 2019.

### **8.5 Contract commencement date**

1 January 2020 or a later date mutually agreed by the PCFB and SP.

## **Part IX Supplementary Information**

### **9.1 Addendum**

PCFB may issue addendum to the terms and conditions set out in the Tender Documents before or after the Tender Closing Date. If such 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.

### **9.2 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.

### **9.3 Prevention of Bribery**

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.

### **9.4 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.

### **9.5 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 9.5 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 9.5(a)
- d. Any breach of any of the representations and/or warranties in Clause 9.5(a) above by the Tenderer may prejudice the Tenderer's future standing as a PCFB contractor.
- e. Clause 10.5.(a) 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 preparation of tender submission.
- f. The rights of PCFB under Clauses 9.5(b) to 9.5(d) above are in addition to and Terms of Tender without prejudice to any other rights or remedies available to it against the Tenderer.

## **Part X          Briefing Session and Enquiries**

### **9.1   Briefing session**

Date:            12 July 2019  
Time:            15:00 - 16:00  
Venue:           PCFB Office  
                  15/F Nam Wo Hong Building  
                  148 Wing Lok Street  
                  Sheung Wan Hong Kong

- a. Tenderers who wish to attend the briefing session are requested to call Mr. Anthony Chung at 3578 8102 on or before 5:00 pm on 10 July 2019 (Wednesday) for reserving the seats. PCFB reserves the right to reject any persons to attend the session if s/he has not made the reservation before.
- b. During the session, PCFB's representatives will clarify any enquiries Tenderers may have on the Tender Document.

### **9.2   Enquiries**

Mr. Trophy MAK  
Manager, Prevention and Rehabilitation  
Tel:            3578 8109  
E-mail: [tromak@pcfb.org.hk](mailto:tromak@pcfb.org.hk)