# Schedule 4: Proposal form

An electronic version of this form is available on PHARMAC’s website at [www.pharmac.govt.nz](http://www.pharmac.govt.nz) and on GETS ([www.gets.govt.nz](http://www.gets.govt.nz)). You should expand the boxes as necessary.

**[*Supplier to insert date***]

Director of Operations  
PHARMAC

c/- Chloë Dimock

Device Category Manager

By electronic transfer using GETS **(**[**www.gets.govt.nz**](http://www.gets.govt.nz)**)**

Dear Sir/Madam

**Proposal for the supply of Infusion Medical Devices**

In response to your request for proposals (**RFP**) dated **21 June 2018** we put forward the following proposal in respect of Infusion Medical Devices.

Set out below is further information in support of our proposal.

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| * + 1. **Company Details** | |
| Full legal trading name in New Zealand |  |
| New Zealand Business Number |  |
| Address |  |
| Phone |  |
| Email address |  |
| Facsimile |  |
| * + 1. **Contact person (s) for this RFP** | |
| Name - Position |  |
| Phone |  |
| Mobile |  |
| Email address |  |

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| * + 1. **Proposal executive summary** | |
| Include:   * overview of products and services * value/benefits to DHB Hospitals of this proposal * why PHARMAC should accept this proposal | Non-Dedicated and Consumable Infusion Devices  **[Maximum 500 words]**  Equipment and Associated Devices  **[Maximum 500 words]** |

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| * + 1. **Information about our company, contracts and market** | |
| **Company Information** | |
| * + - * 1. **Type of entity (legal status):**   e.g. a New Zealand registered limited liability company |  |
| * + - * 1. **information about our company size, structure and annual turnover**   Include sales/product staff relevant to this RFP also identifying the overall scope of their role in the company.  **Attach** organisational chart, please include name of attached document in the response column |  |
| * + - * 1. **City and country of residence of our company**   e.g. Sydney, Australia |  |
| * + - * 1. **Total number of New Zealand based staff**   Include FTE for each section (eg. 5 FTE sale/product support, 4 FTE logistics, 3 FTE corporate and administration) |  |
| * + - * 1. **Established locations within New Zealand**   Include function of each location (eg. head office, warehouse). |  |
| * + - * 1. **If you are currently not based in New Zealand:**   **Do you intend to establish a company location(s) here?**  **How would you manage the needs of your New Zealand DHB Hospital customers from where you are located?**  N/A if New Zealand based |  |
| * + - * 1. **Company ownership**   State ownership (eg. public ownership)  Include:   * If your organisation is controlled by an overseas entity; * if your organisation is part of a group of entities owned by a ‘parent’ company-please outline your relationship with these companies * names and percentage shareholdings of the major shareholders and directors |  |
| * + - * 1. **Evidence of financial stability and ability to cover financial liabilities**   Include:   * how you would cover your financial liabilities in the event of a major failure to supply (eg. Insurance which covers product recall) * information about your financial stability (eg. annual turnover, guarantor companies)   **Attach** supporting evidence (eg. annual financial report, Companies Register financial statement, insurance certificate, bank letter), please list names of attached documents in the response column. |  |
| **New Zealand Contracts and Markets** | |
| * + - * 1. **Current healthcare customers in New Zealand**   Include DHB Hospital and private healthcare organisations. |  |
| * + - * 1. **Current contracts and standing agreements in place with DHB Hospitals or organisations acting on their behalf**   Include all DHB contracts, not just those relevant to this RFP.  For each provide:   * parties to the agreement * contract reference number * type of agreement (national/regional/DHB specific) * range/scope of products covered * expiry date * other relevant information (eg. now standing agreement after contract expiry)   Can be provided as an attachment, note name of attachment in response column. |  |
| * + - * 1. **If not a current supplier of Infusion Medical Devices to New Zealand DHB Hospitals do you have experience in supplying other Medical Devices to New Zealand hospitals (public or private)?**   Please detail   * what Medical Devices you have supplied; * any contracts and standing agreements in place with DHB Hospitals |  |
| **Other information** | |
| * + - * 1. **Other relevant company and market information PHARMAC should consider when evaluating our proposal**   Please provide a succinct summary [preferably <500 words] | Non-Dedicated and Consumable Infusion Devices  Equipment and Associated Devices |

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| * + 1. **Company information in relation to Infusion Devices and our compliance with regulations and standards** | | | |
| **Company knowledge and experience with supplying Infusion Medical Devices** | | | |
| * + - * 1. **New Zealand knowledge and experience with the Infusion Medical Devices proposed**   Please provide a succinct summary of your Infusion Medical Device supply experience in New Zealand. | Non-Dedicated and Consumable Infusion Devices  Equipment and Associated Devices | | |
| * + - * 1. **Information on other major markets for proposed Infusion Medical Devices product ranges.**   For each product range include:   * International markets product ranges are sold into; * type of markets (eg. private hospital, public hospital in Australia) * any contracts held * annual revenue * any other relevant information eg supply performance | Non-Dedicated and Consumable Infusion Devices  Equipment and Associated Devices | | |
| **Company compliance with regulations and standards** | | | |
| * + - * 1. **New Zealand Medical Device regulation** | Are all proposed products notified on the Web Assisted Notification of Devices ‘WAND’ Medsafe Database? | If No (and WAND is applicable), when will all proposed products be WAND notified? | Does your company comply with the Medsafe regulated [guidelines and codes](http://www.medsafe.govt.nz/regulatory/guidelines.asp) related to supply of Medical Device in New Zealand.  eg New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods |
| [Yes/No] | [eg All products would be WAND Notified no later than 30 November 2018] | [Yes/No] |
| * + - * 1. **Quality Management System(s) certification for your company**   **If Yes, attach evidence**, please list names of attached documents in the response column  Include relevant section(s) of standard where certification is not for full standard. | ISO 9001 | ISO 13485 | Other |
| [Yes/No] | [Yes/No] | [specify] |
| * + - * 1. **Quality Management Systems(s) certification for manufacturer(s)**   **If Yes, attach evidence**, please list names of attached documents in the response column  Include:   * manufacturer’s name * relevant section(s) of standard where certification is not for full standard | ISO 9001 | ISO 13485 | Other |
| [Yes/No] | [Yes/No] | [specify] |
| * + - * 1. **Other relevant standards for the proposed products**   List any other standards that are relevant to the proposed products including but not limited to:   * AS/NZ standards * ISO standards * [IEC standards](http://www.legislation.govt.nz/regulation/public/2010/0036/latest/whole.html#DLM5878674)   Describe the extent of compliance with the listed standard and the product range the standard applies to.  **Attach** evidence of compliance where available, please list names of attached documents in the response column.  **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump standards in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02.** | Standard | Compliance | Evidence |
|  |  |  |
| * + - * 1. **Right to supply to New Zealand DHB hospitals**   Include:   * a statement confirming that you have all the necessary rights and permits to supply the products and associated services to New Zealand DHB Hospitals, or * information about process and expected timeframe for obtaining the necessary rights and permits to supply the products and associated services to New Zealand DHB Hospitals.   The relevant permits and rights may vary between products. Permits and rights include, but are not limited to, distribution rights and New Zealand legislative requirements for specific types of products. |  | | |
| * + - * 1. **Please provide any further details you would like PHARMAC to know about your company’s experience and capabilities in relation to the Infusion Medical Devices your company is proposing to supply.**   Please provide a succinct summary [preferably <500 words] | Non-Dedicated and Consumable Infusion Devices  Equipment and Associated Devices | | |

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| * + 1. **Information about our proposed distribution and supply arrangements including our ability to ensure continuity of supply to DHB Hospitals:** | | |
| **Stock Management** | | |
| * + - * 1. **Stock holding within New Zealand**   Include any relevant information about how you would set and manage your stock levels in New Zealand for the proposed products.  *[eg we have at least 3 months’ worth of stock at any one time based on historic and forecasted sales]* |  | |
| * + - * 1. **Warehousing in New Zealand**   Please outline warehousing locations within New Zealand.  Include if warehouse owned by company or owned by a logistics provider. |  | |
| * + - * 1. **Consignment stock**   Outline if your company is offering any consignment stock; and  how it intends to manage this: risk and liability, responsibility for management, auditing arrangements etc |  | |
| * + - * 1. **Outline how your company manages its Infusion Medical Devices Inventory and Forecasting** |  | |
| * + - * 1. **Please outline how your company would manage a recall of its Infusion Medical Devices.**   **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump recalls in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02**. |  | |
| **Supply Chain** | | |
| * + - * 1. **Are you the Manufacturer and Distributor of your proposed Infusion Medical Devices?** | Manufacturer | Distributor |
| [Yes/No] | [Yes/No] |
| * + - * 1. **If you are the Distributor and not the Manufacturer- please outline the distribution agreements you have including exclusivity and expiry dates.** | ***NB.*** *Not required if you are the manufacturer and distributor of all proposed products.* | |
| * + - * 1. **Manufacture to delivery**   For each product range, from start of manufacture to delivery to DHB Hospitals or DHB Hospital nominated locations (eg. home delivery), include:   * steps * who is involved (eg international freight carrier, warehousing, logistic providers, New Zealand freight providers) * timeframes for each step   **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump manufacture to delivery in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02.** |  | |
| **Unexpected Increase in demand / potential out of stock situations** | | |
| * + - * 1. **Key supply continuity risks and mitigations**   For each product range include the key risks to continuity of supply to DHB Hospitals and the steps that will be taken to mitigate these risks. |  | |
| * + - * 1. **Response to unexpected increase in demand**   Include:   * any access to alternative international supply and timeframes in which these could be mobilised/available for use in NZ DHBs * communication with DHB Hospitals * communication with PHARMAC * how stock is prioritised * other relevant information |  | |
| **Other supply chain, experience** | | |
| * + - * 1. **Please provide any further details you would like PHARMAC to know about your company’s experience and capabilities in relation to continuity of supply of the proposed Infusion Medical Devices.**   Please provide a succinct summary [preferably <500 words] | Non-Dedicated and Consumable Infusion Devices  Equipment and Associated Devices | |

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| * + 1. **Information about our ability to manage and support our proposed products Training an Education, and DHB Transition** | | |
| **Training an Education** | | |
| * + - * 1. **Training and education support**   Include an overview of the training and education support that would be regularly provided to DHB Hospitals for the proposed products including:   * frequency * location * format * content * staff groups (eg. hospital, community) * other relevant information   **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump training, education and support in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02**. |  | |
| * + - * 1. **Training and education materials**   Outline training and education materials that would be provided to DHB Hospitals purchasing the proposed products.  **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump training, education and support in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02**. | For DHB Hospital staff | For patients and carers |
|  |  |
| * + - * 1. **Product support staff**   information about the staff that would be involved in supporting the proposed products (including those staff providing clinical training and support). Include:   * technical skills; * experience; * qualifications; and * other role responsibilities (eg if they are responsible for supporting other major Device Categories etc)   **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump product support staff in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02.** |  | |
| * + - * 1. **Other educational/developmental sponsorship your company provides for DHB Hospital staff associated with Infusion Medical Devices**   Eg conference packages-conference fee, travel and accommodation expenses.  Include whether it is paid for in-full or discounted by your company. |  | |
| **DHB Transition** | | |
| * + - * 1. **Experience transitioning DHB Hospitals to your Infusion Medical Devices**   Please outline:   * extent of transition (eg switching multiple product ranges within a category for majority of DHB use, or one product range for portion of DHBs hospital use); * when transition occurred; * extra resources utilised (eg whether international product/transition specialist were called on for a period);   **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump DHB Transition experience in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02.** |  | |
| * + - * 1. **Transition support**   Include an outline of the support that would be provided to DHB Hospitals transitioning to the proposed products.  **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump DHB Transition in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02.**  **Attach** a detailed transition plan setting out the transition steps, roles and responsibilities and timeframes. Note name of attachment in response column. |  | |
| **Customer Support** | | |
| * + - * 1. **Customer support hours**   Include:   * standard support hours (NZ time) for customer support and orders * any 24/7 troubleshooting support relevant to the proposed products- if no 24/7 support is intended to be provided please provide the rationale for this.   **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump customer support in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02.** |  | |
| * + - * 1. **Complaints management processes**   Include overview of key roles and responsibilities for investigation and response, and escalation and continuous quality improvement processes. |  | |
| * + - * 1. **Please identify whether your company provides support for DHB Hospital funded community use of proposed Infusion Medical Devices and what this support entails.**   **NB:** for suppliers of Infusion Pumps please provide the information related to Infusion Pump community supported use in the relevant section of the ‘Infusion Pump’ Tab of **Attachment 02**. |  | |
| * + - * 1. **Please provide any further details you would like PHARMAC to know to about Infusion Medical Device support your company provides.** |  | |

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| * + 1. **Pricing, and Financial information** | |
| **Pricing information** | |
| * + - * 1. **Financial impact**   Include:   * overview of how proposed pricing compares to that currently offered to DHB Hospitals * justification for any price increases for DHB Hospitals as a result of the proposal   Attach detail in Excel format (format is included in Attachment 03 (excel) Financial Analysis for Non-Dedicated & Consumable Infusion Devices and/or Attachment 04 (excel) Financial analysis for Equipment and Associated Device List ). |  |
| * + - * 1. **Pricing information**   Include any information related to pricing provided in Attachment 01 and/or 02, including any related conditions or proposed terms. |  |
| * + - * 1. **Alternative pricing models**   Include:   * details of any alternative pricing models and associated qualification requirements * details of any DHB Hospitals currently accessing the alternative pricing models   Any alternative pricing models must have financial analysis **attached** in Excel format.  **NB:** complex additional pricing models that would pose a significant administrative burden to PHARMAC or DHB Hospitals are unlikely to be progressed. |  |
| * + - * 1. **Additional charges**   Include any charges not included in pricing provided in Attachment 01, 02, 03 or 04 and associated conditions.  **NB:** for suppliers of Equipment please provide the information related to total cost of ownership in an ‘equipment’ Tab of **Attachment 04**. |  |
| **Continuity of care** | |
| * + - * 1. **Continuity of care**   Include information about willingness and ability to provide a congruent range of products to healthcare providers funded by non-DHB entities, to enable continuity of patient care.  Eg. ACC, palliative care providers. |  |
|  | |
| * + - * 1. **Working with key stakeholders**   Include information about how you envisage working with PHARMAC and other key stakeholders. |  |

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| * + 1. **Other relevant information** | |
| * + - * 1. **Additional options**   Include any additional proposals or suggestions not expressly identified in this RFP that you would like PHARMAC to consider as part of this proposal. |  |
| * + - * 1. **Other information**   Include any other information that you would like PHARMAC to consider when evaluating this proposal.  Please consider any relevant information under PHARMAC’s [Factors for Consideration](http://www.pharmac.govt.nz/medicines/how-medicines-are-funded/factors-for-consideration/) decision making framework |  |