# Schedule 4: Proposal Form for Feeding Device Suppliers

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 Feeding Devices**

In response to your request for proposals (**RFP**) dated **24 October 2018** we put forward the following proposal in respect ofthe supply of Feeding Devices.

***Please refer to Schedule 3 for information and evidence to be included in your proposal. You must also include information as outlined Attachments 01, 02, 05 and 06 as part of your proposal.***

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

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

|  |
| --- |
| 1. **Executive summary**
 |
| Proposal summaryInclude:* overview of products and services
* benefits to DHB Hospitals of this proposal
* why PHARMAC should accept this proposal
 | **Maximum 500 words** |

|  |
| --- |
| 1. **Information about our company, contracts and markets**

NB: for suppliers of Enteral Feeding Pumps please provide pump specific information in the relevant section of the ‘Feeding Pump’ Tab of Attachment 01. |
| **Company information** |
| 1. **Type of entity (legal status)**

Eg, a New Zealand registered limited liability company |  |
| 1. **City and country of residence of our company**

e.g. Sydney, Australia |  |
| 1. **Information about company size, structure and annual turnover**

Include sales/product support staff relevant to this RFP.**Attach** Organisational Chart. |  |
| 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**

**Attach** supporting evidence (eg. annual financial report, Companies Register financial statement, insurance certificate, bank letter). |  |
| **Contracts and markets** |
| 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 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. **Products not included**

Include any Feeding Devices currently supplied to DHB Hospitals (contracted or not contracted) that are not included in this proposal and the reason for this. Please identify:* If this is due to manufacture discontinuation and when the expected discontinuation date is;
* If superseding products have been proposed in your proposals instead;

If you are currently providing transitional adaptors (for DHB Hospital adoption of **ISO standard 80369-3:2016** for small bore connectors for enteral applications)to New Zealand DHB Hospitals and have not proposed these products in your proposal:* Are these products being discontinued by the manufacturer?
* How long will these adaptors remain available for DHBs still undergoing the transition to adopting **ISO standard 80369-3:2016** enteral feeding**.**
 |  |
| 1. **Healthcare customers in New Zealand**

Include DHB Hospital and private healthcare organisations for the proposed Feeding Devices and other Medical Devices (please give a short summary for these, including type of Medical Devices supplied) |  |
| 1. **Information on other major markets for proposed product ranges.**

For each product range include:* type of market (eg. private hospital, public hospital)
* any contracts held
* annual revenue
* any other relevant information
 | ***NB.*** *Only required for product ranges that New Zealand DHB Hospitals are not currently purchasing.* |
| 1. **Information about clinical reference sites**

Provide information about each reference site included in Attachment 01 or 02 including the location and relevant clinical settings in which the product is used (eg. inpatient care, outpatient clinics, home use). | ***NB.*** *Only required for product ranges that New Zealand DHB Hospitals are not currently purchasing.* |
| 1. **Other relevant company and market information**
 |  |

|  |
| --- |
| 1. **Information about our ability to manage and support our proposed Feeding Devices**

NB: for suppliers of Enteral Feeding Pumps please provide pump specific information in the relevant section of the ‘Feeding Pump’ Tab of Attachment 01. |
| **Training and Education** |  |
| 1. **Training and education**

Include an overview of the training and education 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
 |  |
| 1. **Training and education materials**

Include training and education materials that would be provided to DHB Hospitals purchasing the proposed products. | For DHB Hospital staff | For patients |
|  |  |
| 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)
 |  |
| **DHB Transition** |  |
| 1. **Experience transitioning DHB Hospitals or other similar facility to your Feeding 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);
 |  |
| 1. **Transition support**

Include an outline of the support that would be provided to DHB Hospitals transitioning to the proposed products.NB: this includes transitions to other products supplied by your company (for example transition to ISO 80369-3:2016 compliant connection).**Attach** a detailed transition plan setting out the transition steps, roles and responsibilities and timeframes. Note name of attachment in response column. |  |
| 1. **Transition to National Contracts**
* Please outline if you foresee any challenges for your company to move to a National Contract. Are there solutions to these challenges which you would like PHARMAC to consider?
 |  |
| **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
* customer support for community patients if different to the DHB support hours.
 |  |
| 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 Feeding Devices and what this support entails.**

Please consider:training and support of community based healthcare professionals, patients and carers. Troubleshooting support in the community |  |
| 1. **Other relevant information about ability to support the proposed products.**
 |  |

|  |
| --- |
| 1. **Information about our compliance with regulations and standards**

NB: for suppliers of Enteral Feeding Pumps please provide pump specific information in the relevant section of the ‘Feeding Pump’ Tab of Attachment 01. |
| 1. **Quality Management System(s) certification for your company**

**If Yes, attach evidence**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**Include:* manufacturer’s name
* relevant section(s) of standard where certification is not for full standard
 | ISO 9001 | ISO 13485 | Other  |
|  |  |  |
| 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 (eg AS/NZS3551)
* ISO standards
* IEC standards

Describe the extent of compliance with the listed standard and the product range the standard applies to.**Attach** evidence of compliance where available.  | 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.
* 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. **Information about our proposed distribution and supply arrangements and ability to ensure continuity of supply to DHB Hospitals**

NB: for suppliers of Enteral Feeding Pumps please provide pump specific information in the relevant section of the ‘Feeding Pump’ Tab of Attachment 01. |
| **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. |  |
| 1. **Warehouse location(s) 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; andhow it intends to manage this: risk and liability, responsibility for management, auditing arrangements etc |  |
| 1. **Outline how your company manages its Feeding Devices Inventory and Forecasting**
 |  |
| 1. **Please outline how your company would manage a recall of its Feeding Devices.**

Include how a major recall of a proposed product(s) would be managed.Please identify any differences in how you would manage: * Feeding Device Equipment and dedicated accessories or consumables;
* Feeding Devices used in the community setting
 |  |
| **Supply Chain** |
| 1. **Company role in supply chain**
 | Manufacturer | Distributor |
| [Yes/No] | [Yes/No] |
| 1. **Distribution agreement(s) overview**

Include exclusivity, expiry date, termination notice period. | ***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
* timeframes for each step
 |  |
| **Potential supply issues and response to unexpected increase in demand**  |
| 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
* communication with DHB Hospitals
* communication with PHARMAC
* how stock is prioritised
* other relevant information
 |  |
| 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 Feeding Devices.**

Please provide a succinct summary [preferably <500 words] |  |

|  |
| --- |
| 1. **Financial analysis of our proposal**

NB: for suppliers of Enteral Feeding Pumps please provide pump specific information in the relevant section of the ‘Feeding Pump’ Tab of Attachment 01. |
| 1. **Financial impact**

Include overview of how proposed pricing compares to that currently offered to DHB Hospitals.**Attach** detail in Excel format.(preferred format is included in Attachment 02; alternative formats may be submitted provided the detail set out in Schedule 3 is included). | ***NB.*** *Only required if the proposed products are currently supplied to DHB Hospitals* |

|  |
| --- |
| 1. **Other relevant information**

NB: for suppliers of Enteral Feeding Pumps please provide pump specific information in the relevant section of the ‘Feeding Pump’ Tab of Attachment 01. |
| 1. **Pricing information**

Include any information related to pricing provided in Attachment 01, 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.**Please note that 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 or 02 and associated conditions. |  |
| 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. **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. |  |
| 1. **Other information**

Please state any other information 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. |  |