# 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/- Sam Bright

Procurement Manager

By electronic transfer using [GETS](https://www.gets.govt.nz/ExternalIndex.htm)

Dear Sir/Madam

**Proposal for the supply of Blunt Fill Needles**

In response to your request for proposals (**RFP**) dated **20 February 2023** we put forward the following proposal in respect of Blunt Fill Needles.

***Please refer to Schedule 3 for information and evidence to be included in your proposal. You must also include information as outlined Attachments 1,3, 4 and 5 as part of your proposal.***

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  |  |
| Facsimile |  |
| 1. **Contact person(s) for this ROI**
 |
| Name, Position |  |
| Phone |  |
| Mobile |  |
| Email  |  |
| 1. **Liaison person(s) for Te Whatu Ora Hospitals and PHARMAC**
 |
| Name, position |  |
| Phone |  |
| Facsimile |  |
| Email  |  |
| Detail training and experience |  |
| 1. **Customer Support and General Enquiries**
 |
| Customer Service Hours (NZST) |  |
| Phone |  |
| Facsimile |  |
| Email  |  |
| 1. **Details of proposed Contract Manager**
 |
| Name, position |  |
| Phone |  |
| Email |  |
| 1. **Any conflicts of interest**
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| 1. **Executive summary**
 |
| Proposal summaryInclude:* overview of products and services
* benefits to Te Whatu Ora Hospitals of this proposal
* why Pharmac should accept this proposal
 | **Maximum 500 words** |

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| 1. **Information about our company, contracts and markets**
 |
| **Company information** |
| Type of entity (legal status)Eg, a New Zealand registered limited liability company | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| City and country of residence of our company | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| Information about company size, structure and annual turnoverInclude sales/product support staff relevant to this RFP.**Attach** Organisational Chart. | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| Total number of New Zealand based staffInclude FTE for each section (eg. 5 FTE sale/product support, 4 FTE logistics, 3 FTE corporate and administration) | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| Established locations within New Zealand Include function of each location (eg. head office, warehouse). | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| Company ownershipState ownership (eg. public ownership)Include:* any parent companies and relationships
* names and percentage shareholdings of the major shareholders and directors
 | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| 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. a 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). | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| Does your organisation identify as being a Māori business? Pharmac is committed to the Government’s progressive procurement approach to increase the diversity of government suppliers and achieve broader economic and social outcomes, with a specific focus on Māori businesses. As part of this approach, Pharmac is committed to gaining a better understanding of how our agency can support the economic and social outcomes for Māori through our procurement. Pharmac is therefore gathering information from organisations as to whether they identify as a Māori business.A Māori business for Government procurement purposes is:* One that has at least 50% Māori ownership, or
* A Māori Authority as defined by Inland Revenue.

Within these definitions, does your organisation identify as a Māori business? This information will inform Pharmac’s supplier’s database and will be reported to NZGPP, subject to any concerns you identify (see box below). | *[Yes / No]* *In line with this policy, Pharmac is committed to understand and support what roles Māori businesses play in our supply chain. You can add any further comment on how your company supports economic and social outcomes for Māori in question (h) below.* |
| For some of its procurement Pharmac is required to report to NZGPP on whether an organisation identifies as a Māori business as part of new progressive procurement reporting [requirements](https://www.procurement.govt.nz/procurement/improving-your-procurement/frameworks-reporting-and-advice/reporting-on-progressive-procurement-policy/). Please indicate either ‘Yes’ or ‘No’ as to whether you agree to Pharmac reporting on your organisation’s status as a Māori business. If you indicate ‘No’, clarification on why you do not wish to report on this would be appreciated.  | *[Yes / No]*  |
| New Zealand Government Broader OutcomesProvide detail on how your Organisation supports social, economic, cultural and environmental outcomes beyond supply of Pharmaceuticals (see New Zealand Government Procurement [Broader Outcomes](https://www.procurement.govt.nz/broader-outcomes/)).Provide detail on how your organisation:* supports New Zealand businesses, including Māori, Pasifika and regional businesses, as well as social enterprises if relevant
* supports improving conditions for New Zealand workers and support workforce diversity.
 |  |
| **Contracts and markets** |
| Current contracts and standing agreements in place with Te Whatu Ora Hospitals or organisations acting on their behalfInclude either:* **Option 1** - for suppliers without an existing Pharmac National Contract for medical devices
	+ all Te Whatu Ora contracts, not just those relevant to this RFP; or
* **Option 2** - for suppliers who have an existing Pharmac National Contract for medical devices
	+ only those Te Whatu Ora contracts relevant to the medical devices in this RFP.

For each provide:* parties to the agreement
* contract reference number
* type of agreement (national/regional/Te Whatu Ora Hospital 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. |  |
| Products not includedInclude any Blunt Fill Needle products currently supplied to Te Whatu Ora Hospitals (contracted or not contracted) that are not included in this proposal and the reason for this. |  |
| Healthcare customers in New ZealandInclude Te Whatu Ora Hospital and private healthcare organisations. | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices.* |
| 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 Te Whatu Ora Hospitals are not currently purchasing.* |
| Information about clinical reference sitesProvide information about each reference site included in Attachment 1 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 Te Whatu Ora Hospitals are not currently purchasing.* |
| Other relevant company and market information |  |

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| 1. **Information about our ability to manage and support our proposed products**
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| Customer support hoursInclude:* standard support hours (NZ time) for customer support and orders
* any 24/7 troubleshooting support relevant to the proposed products
 |  |
| Product support staffInclude information about technical skills, experience and qualifications of the staff that would be involved in supporting the proposed products (including those providing training and education). |  |
| Training and education Include an overview of the training and education that would be regularly provided to Te Whatu Ora Hospitals for the proposed products including:* frequency
* location
* format
* content
* staff groups (eg. hospital, community)
* other relevant information
 |  |
| Training and education materialsInclude training and education materials that would be provided to Te Whatu Ora Hospitals purchasing the proposed products. |  |
| Transition supportInclude an outline of the support that would be provided to Te Whatu Ora Hospitals transitioning to the proposed products.**Attach** a detailed transition plan setting out the transition steps, roles and responsibilities and timeframes. Note name of attachment in response column. |  |
| Complaints management processesInclude overview of key roles and responsibilities for investigation and response, and escalation and continuous quality improvement processes. | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices and the complaints process is uniform across the proposed devices and those currently listed under your existing agreement.* |
| Other relevant information about ability to support the proposed products. |  |

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| 1. **Information about our compliance with regulations and standards**
 |
| 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] |
| 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  |
|  |  |  |
| Other relevant standards for the proposed productsList any other standards that are relevant to the proposed products including but not limited to:* AS/NZ standards
* 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 |
|  |  |  |
| Permit to supply the products to New Zealand Te Whatu Ora Hospitals Include:* a statement confirming that you have all the necessary rights and permits to supply the products and associated services to New Zealand Te Whatu Ora 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 Te Whatu Ora Hospitals.
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| 1. **Information about our proposed distribution and supply arrangements and ability to ensure continuity of supply to Te Whatu Ora Hospitals**
 |
| **Stock Management** |
| Minimum shelf life on deliveryInclude for each product range the minimum shelf life on delivery to a Te Whatu Ora Hospital.  |  |
| Stock holding within New ZealandInclude any relevant information about how you would set and manage your stock levels in New Zealand for the proposed products. |  |
| Warehouse location(s) within New ZealandInclude if warehouse owned by company or owned by a logistics provider. |  |
| Recall managementInclude how a major recall of a proposed product(s) would be managed. | ***NB.*** *Not required if you currently have a Pharmac National Contract for supply of medical devices and the recall process is uniform across the proposed devices and those currently listed under your existing agreement.* |
| **Supply Chain** |
| Company role in supply chain | Manufacturer | Distributor |
| [Yes/No] | [Yes/No] |
| Distribution agreement(s) overviewInclude exclusivity, expiry date, termination notice period. | ***NB.*** *Not required if you are the manufacturer and distributor of all proposed products.* |
| Manufacture to deliveryFor each product range, from start of manufacture to delivery to Te Whatu Ora Hospitals or Te Whatu Ora Hospital nominated locations (eg. home delivery), include:* steps
* who is involved
* timeframes
 |  |
| **Potential supply issues and response to unexpected increase in demand**  |
| Key supply continuity risks and mitigationsFor each product range include the key risks to continuity of supply to Te Whatu Ora Hospitals and the steps that will be taken to mitigate these risks. |  |
| Response to unexpected increase in demand Include:* any access to alternative international supply and timeframes
* communication with Te Whatu Ora Hospitals
* communication with Pharmac
* how stock is prioritised
* other relevant information
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| 1. **Financial analysis of our proposal**
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| Financial impactInclude overview of how proposed pricing compares to that currently offered to Te Whatu Ora Hospitals.**Attach** detail in Excel format.(preferred format is included in Attachment 5; 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 Te Whatu Ora Hospitals* |

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| 1. **Environmental Sustainability**
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| Does your Organisation have an environmental/sustainability policy?If yes, attach or provide link. | Yes/No |
| Does your Organisation have a sustainability report? If yes, attach or provide link. | Yes/No |
| How does your Organisation contribute to environmental sustainability? Please describe the measures you take to contribute to environmental sustainability – in general and specifically in relation to this RFP. |  |
| Has your Organisation received any environmental/sustainability award(s)? If yes, provide details. | Yes/No |
| Has your Organisation received any environmental fine/prosecution(s)?If yes, provide details. | Yes/No |
| Has your Organisation received any environmental audit(s) or does it comply with a recognised standard?If yes, provide details. | Yes/No |

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| 1. **Labour and Human Rights**
 |
| Visibility over our supply chain?Please select one of the below options and explain why you have selected this option:**High:** we have mapped the full supply chain for key products and services used by our organisation and have identified key suppliers at all levels of your supply chain.**Moderate**: we have identified major suppliers and have partially or fully mapped the supply chains for key products and services of our supply chain.**Developing**: we have identified major suppliers. We have very limited or no visibility of our supply chains for key products and services of our supply chain. **Other**: summary of the current status of our supply chain visibility  |  |
| Our organisation has a policy or policies in place to deal with modern slavery and worker exploitation  | Yes/No |
| Our organisation has systems to monitor compliance with these policies? | Yes/No |
| If you said yes to either of the two above questions, please attach or link.If the answer is no, please provide information on what your organisation is doing, or plans to do, to manage modern slavery and worker exploitation risk. |  |
| Our organisation performs due diligence screening of all prospective suppliers to assess the risk of modern slavery or other human rights harms that may occur in its operations and supply chainsIf yes, please describe how your organisation performs its due diligence for modern slavery and worker exploitation concerns. If no, does your organisation plan to introduce measures to screen prospective suppliers from modern slavery and worker exploitation in future? | Yes/No |
| Our organisation complies with recognised standardsIf yes, please identify the standard and outline the degree to which your organisation complies. | Yes/No |

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| 1. **Other relevant information**
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| Pricing informationInclude any information related to pricing provided in Attachment 1, including any related conditions or proposed terms. |  |
| Additional chargesInclude any charges not included in pricing provided in Attachment 1 and associated conditions. |  |
| Additional optionsInclude any additional proposals or suggestions not expressly identified in this RFP that you would like Pharmac to consider as part of this proposal. |  |
| Working with key stakeholdersInclude information about how you envisage working with Pharmac and other key stakeholders. | ***NB.*** *If you currently have a Pharmac National Contract for supply of medical devices, please answer this section only in relation to other key stakeholders involved with the proposed devices (e.g. Te Whatu Ora).* |
| Other informationInclude any other information that you would like Pharmac to consider when evaluating this proposal. |  |