# 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/- Denise Mundy

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 Negative Pressure Wound Therapy Products**

In response to your request for proposals (**RFP**) dated 12 June 2017 we put forward the following proposal in respect of Negative Pressure Wound Therapy Products.

***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 and 4 as part of your proposal.***

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

1. Our contact details:

|  |  |
| --- | --- |
| Full legal trading name in NZ |  |
| Key Contact person |  |
| Address |  |
| Phone |  |
| Mobile phone |  |
| Facsimile |  |
| Email address |  |

1. Key features of our proposal and associated services available:

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1. Information relating to pricing ($NZ, GST exclusive) inserted in Attachment 1, including any relation conditions or proposed terms:

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1. Information about the biocompatibility of our proposed dressings and adhesive products, in addition to the latex and colophony status as set out in Appendix 1:

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| *[Including information about any reported adverse events relating to biocompatibility/allergies/sensitivities]* |

1. Information relating to outright purchase of NPWT equipment included in proposal, in addition to that set out in Appendix 1:

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| --- |
| *[Key operational and safety features including alarms, controls, lock-outs, indicators, displays]**[Electrical and non-electrical safety features]**[Compatibility with New Zealand power supply and power points for mains operated equipment]**[Delivery lead in time]**[Product support, training and education]**[Other relevant information]* |

1. Additional information relating to NPWT equipment loan options, including but not limited to lease, rent and rent to buy arrangements included in Appendix 1:

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| --- |
| *[Number, type and location(s) of units in fleet that DHB Hospitals can access]**[Contingencies for peaks in demand]**[Assumptions used to estimate fleet size]**[Delivery and retrieval timeframe(s)]**[Delivery, receipt and pre-use procedures]* *[Consignment arrangements]**[Management and operational arrangements including equipment tracking]**[Respective supplier and DHB responsibilities for fleet management]**[Risk and liability during key exchange and activity points]**[Product support, training and education]**[Termination terms and conditions]**[Any differences between current arrangements with DHB Hospitals and proposed arrangements]**[Other relevant information about the arrangement(s) being proposed]* |

1. Information about current contracts we have in place with DHB Hospitals, in addition to that included in Appendix 1:

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| --- |
| *[Expiry dates]**[Additional cost and volume data/information]**[Other relevant information about current contracts in place with DHB Hospitals]**[NPWT Products or procurement options currently provided to DHB Hospitals that are* ***not*** *included in proposal, and reason for this]* |

1. Financial analysis of our proposal:

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| --- |
| *[Overview of how pricing compares to that currently offered to DHB Hospitals]**[****Attach*** *detail in Excel format]* |

1. Information about our proposed distribution and supply arrangements including our ability to ensure continuity of supply to DHB Hospitals:

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| --- |
| *[Whether you are a manufacturer or distributor of the proposed NPWT Products]**[Terms of any distribution agreements, if you are not the manufacturer, for example the duration and exclusivity of the distribution agreement]**[Details of distribution and stock-holding in New Zealand]**[Delivery frequency and lead in times, including under stable demand situations, in the event of supply disruptions, and when there is an unexpected surge in demand]**[Specific measures to secure stock for New Zealand from international production, including information about agreements in place with other parties in supply chain and notice periods required for any changes]**[Any freight and delivery costs to DHB Hospitals]**[Other relevant supply chain arrangements]* |

1. Information about our other major markets and previous supply performance:

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| --- |
| *[Private New Zealand market(s)]**[International markets]**[Recent tenders awarded]**[Reference sites where proposed products are used in similar ways and settings to DHBs, and sales volumes for 1 Apr 2016 – 31 Mar 2017]**[Contact details for one clinical, one procurement and one technical (eg. clinical engineer) referee for non-NZ DHB sites]* |

1. Information about our organisation:

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| *[Organisational structure]**[Current Insurance levels with certificates* ***attached****]**[Management, technical skills, experience and qualifications of staff in relation to the proposed NPWT Products]**[Customer support hours for repairs, troubleshooting and advice]**[Other relevant information about organisation]**[Where any of the requested information has been provided to PHARMAC within the last twelve months in response to a previous Request for Proposal, provide the name and date of the RFP and detail any changes]* |

1. Information about our compliance with safety and performance standards:

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| --- | --- | --- |
| Standard | Information about the extent to which we conform with the standard | Conformance evidence **attached**? |
| AS/NZS IEC 60601-1: 2015 Medical electrical equipment – General requirements for basic safety and essential performance | *[include reference to relevant NPWT Product(s)]* | *[Yes/No/NA]* |
| AS/NZS 3200.1.1:1995 Approval and test specification – Medical electrical equipment – General requirements for safety – Collateral Standard – Safety requirements for medical electrical systems | *[include reference to relevant NPWT Product(s)]* | *[Yes/No/NA]* |
| AS/NZS 3200.1.2:2015 Medical electrical equipment – Part 1.2: General requirements for safety – Collateral Standard: Electromagnetic compatibility – Requirements and tests | *[include reference to relevant NPWT Product(s)]* | *[Yes/No/NA]* |
| AS/NZS 3551:2012 Management programs for medical equipment | *[include reference to relevant NPWT Product(s)]* | *[Yes/No/NA]* |
| AS/NZS 4187:2014 Reprocessing of reusable medical devices in health service organizations | *[include reference to relevant NPWT Product(s)]* | *[Yes/No/NA]* |
| IEC standards and/or other relevant standards*[Specify standard]* | *[include reference to relevant NPWT Product(s)]* | *[Yes/No/NA]* |

1. Information about our Quality Management Systems

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| *[Information about conformance to ISO 900 Quality management or ISO 1345:2016 Medical devices quality management systems.* ***Attach*** *evidence where available]**[Information about our current or proposed complaints management processes, including ability to recall stock, refund or credit for damaged or faulty goods]* |

1. Our understanding of DHB educational requirements and our experience in providing training and product support for the devices submitted:

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1. Information about our ability to support DHB transition to our products:

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| *[Overview of transition support with detailed transition plan* ***attached****]* |

1. Information about operating manuals, instructions and guides that would be provided for the safe and appropriate use, and maintenance, of our NPWT Products

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| *[Overview of content of operating manuals, instructions and guides for the range of NPWT Products proposed for clinical and technical personnel. Please* ***do not*** *include copies of full equipment operating or service manuals]*  |

1. Information about our instructions and/or educational resources for patients

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| *[Overview of patient information resources for NPWT equipment intended for use in home settings]* |

1. Information about our current (and/or proposed) consignment stock management system:

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| --- |
| *[Risk and liability arrangements]**[Responsibility for stock management]**[Auditing arrangements]**[Other relevant consignment stock management information]* |

1. Details of our warranties and services for maintenance, servicing and calibration for reusable equipment:

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| *[Warranty information in addition to that included in Attachment 1, including warranties for repairs and spare parts]**[Frequency of calibration and maintenance]**[Performed by DHB clinical engineers on-site, or off-site service centre]**[Replacement and repair policies]**[Duration of availability of spare parts after date of delivery]* *[Duration of availability of maintenance, servicing and calibration services after date of delivery]**[Cost of respective services including within the warranty period and following expiry of the warranty period]**[Training of DHB staff (eg. clinical engineers)]**[Other relevant information about maintenance, servicing and calibration services]* |

1. Information about equipment cleaning reprocessing:

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| *[Cleaning requirements during same patient use, including any specialised cleaning equipment and products]**[Reprocessing requirements between patients, including any specialised reprocessing equipment and products]**[Other relevant information about cleaning and reprocessing]* |

1. Information about manufacturing waste reduction policies and within New Zealand recycling processes:

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1. Information about our willingness and ability to provide congruent NPWT Products and procurement options to healthcare providers funded by non-DHB entities, to enable continuity of patient care:

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| --- |
| *[eg. ACC, non-DHB community service and/or palliative care providers, other]* |

1. Information about our ability to source and supply custom NPWT kits:

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| --- |
| *[Source, type, delivery timeframes]**[Pricing model that would be used to ensure pricing equity across DHBs]* |

1. Information about how you envisage working with PHARMAC and other key stakeholders:

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1. Proposal/suggestions (eg. pricing, risk sharing arrangements) regarding the medical device not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

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1. Reasons why PHARMAC should accept our proposal:

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1. Additional information that PHARMAC should consider when evaluating our proposal:

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