# 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

Senior 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 Urology, Ostomy & Continence Products**

In response to your request for proposals (**RFP**) dated 3 May 2018 we put forward the following proposal in respect of Urology, Ostomy and Continence 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, 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 |  |
| Address |  |
| Phone |  |
| Email  |  |
| Facsimile |  |
| 1. **Contact person (s) for this RFP**
 |
| Name, Position |  |
| Phone |  |
| Mobile |  |
| Email  |  |

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| 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** |

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| 1. **Information about our company, contracts and markets**
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| **Company information** |
| Type of entity (legal status)Eg, a New Zealand registered limited liability company |  |
| City and country of residence of our company |  |
| Information about company size, structure and annual turnoverInclude sales/product support staff relevant to this RFP.**Attach** Organisational Chart. |  |
| 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) |  |
| Established locations within New Zealand Include function of each location (eg. head office, warehouse). |  |
| Company ownershipState ownership (eg. public ownership)Include:* any parent companies and relationships
* names and percentage shareholdings of the major shareholders and directors
 |  |
| 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). |  |
| **Contracts and markets** |
| Current contracts and standing agreements in place with DHB Hospitals or organisations acting on their behalfInclude 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. |  |
| Products not includedInclude any UOC Products currently supplied to DHB Hospitals (contracted or not contracted) that are not included in this proposal and the reason for this. |  |
| Healthcare customers in New ZealandInclude DHB Hospital and private healthcare organisations. |  |
| 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.* |
| 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 DHB 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 DHB 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 DHB Hospitals purchasing the proposed products. | For DHB Hospital staff | For patients |
|  |  |
| Transition supportInclude an outline of the support that would be provided to DHB 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. |  |
| Other relevant information about ability to support the proposed products. |  |

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| 1. **Information about our compliance with regulations and standards**
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| 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 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.
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| 1. **Information about our proposed distribution and supply arrangements and ability to ensure continuity of supply to DHB Hospitals**
 |
| **Stock Management** |
| Minimum shelf life on deliveryInclude for each product range the minimum shelf life on delivery to a DHB 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. |  |
| **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 DHB Hospitals or DHB 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 DHB 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 DHB Hospitals
* communication with PHARMAC
* how stock is prioritised
* other relevant information
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| 1. **Financial analysis of our proposal**
 |
| Financial impactInclude overview of how proposed pricing compares to that currently offered to DHB 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 DHB Hospitals* |

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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. |  |
| Enuresis alarm informationInclude for any alarms proposed in Attachment 1:* Maintenance requirements and responsibilities (if serviceable)
* Any other relevant information

**Attach** product specifications |  |
| 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.Also refer to Attachment 3.  |  |
| Continuity of careInclude 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. |  |
| Working with key stakeholdersInclude information about how you envisage working with PHARMAC and other key stakeholders. |  |
| Other informationInclude any other information that you would like PHARMAC to consider when evaluating this proposal. |  |