# 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/- Sarah Penno

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 Haemodialysis Equipment and Products**

In response to your request for proposals (**RFP**) dated 26 February 2018 we put forward the following proposal in respect of Haemodialysis Equipment and 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 available services:

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

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| --- |
| *[Include general details of any outright purchase, lease or rent-to-buy arrangements for Equipment items included in Attachment 1]*  *[Any other details related to pricing listed in Attachment 1]* |

1. Information relating to outright purchase of Haemodialysis Equipment included in proposal, in addition to that set out in **Attachment 1**:

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| --- |
| *[Respective supplier and DHB responsibilities for maintenance and repairs including provision of spare parts]*  *[Replacement policies]*  *[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 Haemodialysis Equipment loan options, including but not limited to lease, and rent-to-buy arrangements including price-per-treatment proposals, detailed in **Attachment 1**:

|  |
| --- |
| *[Itemise all charges contained within any price-per-treatment proposal (E.g. delivery, maintenance, stock management, training etc.) relative to the total price]*  *[Delivery timeframe(s)]*  *[Respective supplier and DHB responsibilities for maintenance and repairs]*  *[Risk and liability during key exchange and activity points]*  *[Product support, training and education]*  *[Identify any differences between in-centre and home haemodialysis e.g. PPT costs, conditions, extra charges etc.]*  *[information regarding any proposed penalty clauses including volume commitment expectations]*  *[Termination terms and conditions]*  *[Highlight any differences between current arrangements with DHB Hospitals and the proposals]*  *[Other relevant information about the arrangement(s) being proposed]* |

1. Information regarding items not included in a Price-per-treatment proposal as listed in addition to what provided in **Attachment 1**:

*[Include items such as consumable products, servicing, other items]*

*[provide details of any restrictions on listed items]*

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

|  |
| --- |
| *[Expiry dates]*  *[Additional cost and volume data/information]*  *[Other relevant information about current contracts in place with DHB Hospitals]*  ***[Describe how current arrangements will be transitioned to a PHARMAC national contract – in particular, how changes to any payment plans will be managed.]***  ***[Provide a detailed transition plan for each currently held DHB contract]*** |

1. Information about items **NOT** included in this proposal:

*[Haemodialysis Equipment and Products, procurement options or services currently provided to DHB Hospitals that are* ***not*** *included in proposal, and reasons for this]*

1. Financial analysis of our proposal:

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| --- |
| *[Overview of how pricing compares to that currently offered to DHB Hospitals]*  *[Details should be included in* ***Attachment 1****]* |

1. Information about our proposed distribution and supply arrangements including our ability to ensure continuity of supply to all DHB Hospitals, satellite centres and home dialysis patients:

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| --- |
| *[Whether you are a manufacturer or distributor of the proposed Haemodialysis Equipment and 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]*  *[Details of system to manage home haemodialysis patients’ treatment ‘prescriptions’ and supplies]*  *[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, satellite centres and/or home dialysis patients]*  *[Other relevant supply chain arrangements]* |

1. Information about our other major markets and previous supply performance (if not currently supplying to New Zealand DHB Hospitals):

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| --- |
| *[Private New Zealand market(s)]*  *[International markets]*  *[Recent tenders awarded]*  *[Reference sites where proposed Equipment is used in similar ways and settings to DHBs],* |

1. Information about our organisation:

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| --- |
| *[Organisational structure]*  *[Management, technical skills, experience and qualifications of staff in relation to the proposed Haemodialysis Equipment and Products]*  *[Customer support hours for repairs, troubleshooting and advice]*  *[Other relevant information about organisation]* |

1. Information about our compliance with safety and performance standards in relation to our role in the supply, management and support of the Haemodialysis equipment and products proposed (e.g. AS/NZS IEC Medical Electrical Equipment standards):

|  |  |  |
| --- | --- | --- |
| **Standard**  **(E.g. IEC, AS/NZS standards)** | **Information about the extent to which we conform with the standard** | **Conformance evidence attached?** |
| *[List relevant standard]* | *[include reference to relevant Haemodialysis Product(s)]* | *[Yes/No/NA]* |
| *[List relevant standard]* | *[include reference to relevant Haemodialysis Product(s)]* | *[Yes/No/NA]* |
| *[List relevant standard]* | *[include reference to relevant Haemodialysis Product(s)]* | *[Yes/No/NA]* |
| *[List relevant standard]* | *[include reference to relevant Haemodialysis Product(s)]* | *[Yes/No/NA]* |
| *[List relevant standard]* | *[include reference to relevant Haemodialysis Product(s)]* | *[Yes/No/NA]* |
| *[List relevant standard]* | *[include reference to relevant Haemodialysis Product(s)]* | *[Yes/No/NA]* |

1. Information on our device that has the ability to retain patient information or data, and how this data is managed securely.

|  |
| --- |
| *[Information as to which device, what patient data is entered, how data is retained and how patient privacy is ensured]* |

1. Information about our Quality Management Systems

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| --- |
| *[Information about conformance to ISO 9000 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]*  *[Information on any recent product issues and/or complaints (give example) from staff and the process used to respond to this]* |

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

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| --- |
| *[include clinical and non-clinical staff]*  *[technical skills, experience and qualifications of staff involved in training]* |

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

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| --- |
| *[Overview of transition support including expected lead times with detailed transition plan* ***attached****]*  *[information should include but not limited to details on training, technical support, management of home dialysis patients]* |

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

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

1. Our understanding of patient educational requirements and our experience in providing training and product support for home Haemodialysis patients:

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| --- |
| *[Overview of patient information resources and training for Haemodialysis equipment and products intended for use in home settings]*  *[information on support, after-hours help and trouble-shooting for home dialysis patients]*  *[information on stock management in the home]* |

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

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

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

|  |
| --- |
| *[Warranty information in addition to that included in* ***Attachment 1****, including warranties for repairs and spare parts]*  *[Frequency of calibration and maintenance]*  *[Replacement and repair policies]*  *[Duration of availability of spare parts after date of delivery]*  *[Duration of availability of maintenance and calibration services after date of equipment delivery* ***including any equipment used by home haemodialysis patients****]*  *[Cost of respective services included within the warranty period and following expiry of the warranty period]*  *[include any associated costs e.g. freight charges for servicing or replacement of loan machines]*  *[Include details related to preventive servicing and corrective maintenance and repairs including whether performed by supplier, DHB clinical engineers on-site, or at off-site service centre]*  *[Training of DHB technical staff (e.g. clinical engineers)]*  *[Other relevant information about maintenance, servicing and calibration services]* |

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

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|  |

1. Information about any proposals to support dialysis staff professional development programmes:

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| --- |
| *[include details of any grants, conferences or other proposed support being offered and any conditions imposed on their use]* |

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

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|  |

1. Proposal/suggestions (e.g. pricing,) regarding a 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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