# Schedule 5: Proposal Form for Special Foods 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/- Matthew Tyson

Therapeutic Group Manager

By electronic transfer using GETS **(**[**www.gets.govt.nz**](http://www.gets.govt.nz)**)**

Dear Sir/Madam

**Proposal for the supply of Special Foods**

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

***Please refer to Schedule 3 for information and evidence to be included in your proposal. You must also include information as outlined Attachments 03, 05 and 06 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 – Special Foods proposal**
 |
| 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** |
| 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**

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** |
| 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. **Special Foods used by DHB Hospitals not included in the proposal**

Include any Special Foods currently supplied to DHB Hospitals (contracted or not contracted) that are not included in this proposal and the reason for this. This includes flavours not supplied to DHB Hospitals. Please identify:* If this is due to manufacture discontinuation and when the expected discontinuation date is
 |  |
| 1. **Special Foods that are not funded or considered to be Comparable Special Foods products**

Please list Special Food products: that your company has in its portfolio that have not been proposed for supply; and would be interested in supplying into the [funded] New Zealand market. |  |
| 1. **Information on other major markets for proposed Special Foods.**

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. **Other relevant company and market information**
 |  |

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| 1. **Information about our ability to manage and support our proposed Special Foods**
 |
| **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
 |  |
| **DHB Transition** |  |
| 1. **Experience transitioning DHB Hospitals or similar facilities to your Special Foods**

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.**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. **Other relevant information about ability to support the proposed Special Foods.**
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| 1. **Information about our compliance with regulations and standards**
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| 1. **Quality Management System(s) certification for your company and manufacturer**

**If Yes, attach evidence**Include relevant section(s) of standard where certification is not for full standard. | ISO 9001 | Other  |
| [Yes/No] |  [specify] |
| 1. **Other relevant standards for the proposed Special Foods**

List any other standards that are relevant to the proposed products including but not limited to:* AS/NZ standards
* ISO standards
* FSANZ regulations
* CODEX Alimentarius

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.
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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** |
| 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 Special Foods.Are there challenges your company would have in maintaining three (3) or more months stock in New Zealand for any or all products? Do you have any solutions to overcome those challenges that you would like PHARMAC to consider? |  |
| 1. **Warehouse location(s) within New Zealand**

Include if warehouse owned by company or owned by a logistics provider. |  |
| 1. **If your primary warehouse is off-shore, what provisions does your company have in place for the timely delivery of its products to New Zealand DHB Hospitals?**

Please specifically address in your response how you would manage urgent clinical situations where a patient requires the Special Food in less than 24 hours |  |
| 1. **Is your company capable of doing next day delivery of Special Foods for all DHB Hospitals?**

If No, please outline * Why
* Whether you can do next day delivery for some New Zealand DHB Hospitals but not all, and list which DHB Hospitals you would be able to do next-day delivery for.
 |  |
| 1. **Outline how your company manages its Special Foods Inventory and Forecasting**
 |  |
| **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
 |  |
| **Low Volume Special Foods products** |
| 1. **For low volume items / items your company does not sell into New Zealand currently (including similar products eg different flavours)- what are possible solutions you see to enable DHB Hospitals access to these products through a National Contract?**
 |  |
| 1. **how would your company propose to provide low volume products on an urgent basis?**

Some products need to be urgently available upon patient admission to the hospital (within 8 hours of ordering). In your answer please consider all DHB hospital locations, some are more remote than others.  |  |
| **Direct to Patient Distribution of Special Foods** |
| 1. **Does your company provide or support direct distribution of Special Foods to patients in the community in any New Zealand DHB currently?**

Please list: DHBs with: * an overview of your involvement/support in direct to patient distribution of Special Foods for each applicable DHB;
* an overview of any applicable contracts you have in place with the DHB for providing this service;
* how this works from the supplier-side in each applicable DHB (eg supply chain from order/prescription to patients, any third-party logistic providers you utilise for this service and associated costs involved).
 |  |
| **Other supply chain information** |
| 1. **Please provide any further details you would like PHARMAC to know about your company’s experience and capabilities in relation to of supply of the proposed Special Foods.**

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

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| 1. **Financial analysis of our proposal**
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| 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 03; 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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| 1. **Pricing information**

Include any information related to pricing provided in Attachment 03, 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 03 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. **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 |  |