# 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/- Ruben Kunst-Sopacua

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 Anaesthesia workstations, Invasive Ventilators, Patient monitoring, parts and consumables and associated products**

In response to your request for proposals (**RFP**) 21 September 2020 we put forward the following proposal in respect of Anaesthesia workstations, Invasive Ventilators, Patient monitoring, parts and consumables and associated products **(“Anaesthetic and invasive ventilation devices”)**

***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.

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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**
 |
| **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.Include all other portfolios held by sales/product support staff.**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 and in Attachment 4. |  |
| Products or procurement options not includedInclude any products or procurement options currently provided 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 (where applicable) |
|  |  |
| Transition supportInclude an outline of the support that would be provided to a DHB Hospital 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  |
| [Yes/No] | [Yes/No] | [specify] |
| 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. Product specific information can be included in Attachment 1.**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.

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** |
| 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. If your proposal includes equipment and consumables, ensure that information provided is relevant to the different types of products. |  |
| **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. **Pricing and financial analysis of our proposal**
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| Financial impactInclude overview of how proposed pricing compares to that currently offered to DHB Hospitals. Include any non-purchase options (eg. rent or equipment financing arrangements) currently in place with DHB Hospitals.**Attach** detail in **Attachment 5**.If any proposed equipment supersedes a previous model supplied to a DHB Hospital in the last 5 years, please note this in Attachment 1 and provide the cost, volume and matching detail for the previous model in the ‘Superseded equipment data (5yr)’ spreadsheet in Attachment 5, in addition to the financial impact analysis for your proposed equipment. | ***NB.*** *Only required if the proposed consumable product has been supplied to a DHB Hospital in the last year* ***or*** *if proposed equipment (or a previous model of the proposed equipment) has been supplied to DHB Hospitals in the last 5 years.* |
| Alternative pricing modelsInclude:* details of any proposed alternative pricing models and associated qualification requirements
* details of any existing alternative pricing models offered to DHBs and which DHB Hospitals are accessing the alternative pricing
* details of how you would implement and monitor qualification requirements for DHB Hospitals

Any alternative pricing models must have financial analysis included in **Attachment 5,** along with your calculations and assumptions. |  |
| 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. |  |

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| 1. **Information about equipment**
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| Equipment details Provide overview information relating to proposed terms for supplying equipment supplied to DHBs in addition to details provided in Attachment 1, including the range of procurement options being proposed (eg. outright purchase, rent, loan, lease, rent-to-buy).In a separate **attachment**, include, for each procurement option:* the applicable equipment product codes
* delivery, receipt, installation and acceptance procedures
* details of risk and liability during key exchange activity points
* details of any consignment arrangements
* details of any termination terms and conditions
* any differences between current arrangements with DHB Hospitals and proposed arrangements
* product support, training and education
* charge for any non-purchase options, if any (eg. monthly rental charge, free of charge loan)
* fleet management responsibilities for any non-purchase options

Please note the name of the attachment in the adjacent box under your overview as well as in the checklist in Attachment 4. Where you have non-purchase equipment options currently in place with any DHB Hospital please include the financial analysis, by DHB Hospital, of any proposed non-purchase options in **Attachment 5**. Pricing for outright purchase options is to be included in **Attachment 1.** | ***NB.*** *Only required if the proposed products include equipment* |
| Warranties, servicing and calibration Provide information relating to proposed warranty, servicing and calibration terms for equipment in addition to details provide in Attachment 1.Include:* details of replacement and repairs policy
* overview of warranty coverage, including warranty terms for repairs and spare parts
* cost for all maintenance and calibration services within the warranty period and following expiry of warranty period (eg. hourly labour rate for repairs outside of warranty, maintenance servicing costs per device per year, any freight charges or travel and accommodation costs)
* training of DHB staff (eg. clinical engineers), and any associated costs
* any differences between current arrangements with DHB Hospitals and proposed arrangements

If the detail varies according to the type of equipment or procurement option, please note this here and include the relevant information with the attachment in the Equipment details section above. |  |
| Operating and maintenance manualsInclude an overview of the content of operating manuals, instructions and guides for use by clinical and technical personnel. **Do not** include copies of full equipment operating or maintenance manuals. |  |

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| 1. **Other relevant information**
 |
| 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. |  |
| 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. |  |

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| 1. **Other requested information regarding Vaporisers**
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| Additional optionsDo the Anaesthetic machines you sell come with vapourisers included? If no, no further information is required. If yes, can you please provide us with the following information;1. The number of anaesthetic machines you sold in the past 5 years that included a vaporiser;
2. Which DHBs these machines were sold to.
3. The number of anaesthetic machines you sold in the past 5 years that didn’t include a vaporiser;

Which DHBs these machines were sold to |  |
|  |  |

1. Additional information that PHARMAC requires regarding Vaporisers:
2. .

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