# Schedule 4: Proposal form

An electronic version of this form is available on [GETS](https://www.gets.govt.nz/ExternalIndex.htm), GETS RFP reference number: **25017697**. You should expand the boxes, as necessary.

**[*Supplier to insert date*]**

Director of Operations  
Pharmac

c/- Sam Bright

Procurement Manager

By electronic transfer using [GETS](https://www.gets.govt.nz/ExternalIndex.htm)

Dear Sir/Madam

**Proposal for the supply of Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products**

In response to your request for proposals (**RFP**) dated **2 November 2021** we put forward the following proposal in respect of Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products.

***Please refer to Schedule 3 for information and evidence to be included in your proposal. You must also include information as outlined Attachments 1,2, 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 entity name  as stated at Companies Office or equivalent international register. |  |
| Address |  |
| Phone |  |
| Email |  |
| 1. **Contact person(s) for this RFP** | |
| Name, Position |  |
| Phone |  |
| Mobile |  |
| Email |  |

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| 1. **Executive summary** | |
| Proposal summary  Include:   * overview of products and services * benefits to DHB hospitals of this proposal * why Pharmac should accept this proposal | **Maximum 500 words** |

| 1. **Information about our company, contracts, and markets. Suppliers that have submitted this information to Pharmac in previous RFPs, where the information is still directly applicable and will remain the same for this RFP, can progress to no.5** | |
| --- | --- |
| **Company information** | |
| 1. **Type of entity (legal status)**   E.g., a New Zealand registered limited liability company |  |
| 1. **Does your organisation identify as being a Māori business?**   Pharmac is committed to the Government’s progressive procurement approach to increase the diversity of government suppliers and achieve broader economic and social outcomes, with a specific focus on Māori businesses.  As part of this approach, Pharmac is committed to gaining a better understanding of how our agency can support the economic and social outcomes for Māori through our procurement. One aspect is understanding what roles Māori businesses have in the pharmaceutical supply chain and how we can support Māori businesses in those roles.  Pharmac is therefore gathering information from organisations as to whether they identify as a Māori business.  A Māori business for Government procurement purposes is:   * One that has at least 50% Māori ownership, or * A Māori Authority as defined by Inland Revenue.   Within these definitions, does your organisation identify as a Māori business? This information will inform Pharmac’s supplier’s database and will be reported to NZGPP, subject to any concerns you identify (see (c)). | *[Yes / No]*  *In line with this policy, Pharmac is committed to understand and support what roles Māori businesses play in our supply chain. You can add any further comment on how your company supports economic and social outcomes for Māori in question 10(c) below.* |
| 1. For some of its procurement Pharmac is required to report to NZGPP on whether an organisation identifies as a Māori business as part of new progressive procurement reporting [requirements](https://www.procurement.govt.nz/procurement/improving-your-procurement/frameworks-reporting-and-advice/reporting-on-progressive-procurement-policy/).   Please indicate either ‘Yes’ or ‘No’ as to whether you agree to Pharmac reporting on your organisation’s status as a Māori business. If you indicate ‘No’, please provide reasons for our consideration. | *[Yes / No]* |
| 1. **City and country of residence of your 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).  Please also indicate, of those staff, how many would be involved in supporting the proposed Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products |  |
| 1. **Established locations within New Zealand**   Include function of each location (e.g. 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 (e.g. 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**   **Attach** supporting evidence (e.g. 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 (e.g. now standing agreement after contract expiry)   Can be provided as an attachment, note name of attachment in response column. |  |
| 1. **Products not included**   Include any Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products you currently supply to DHB hospitals (contracted or not contracted) that you have not included in this proposal and the reason for this.  Please identify:   * If this is due to manufacture discontinuation and when the expected discontinuation date is; * If superseding products have been proposed in your proposal instead; * If there is a change of distribution arrangement pending; * If already on a Pharmac agreement with you |  |
| 1. **Healthcare customers in New Zealand**   Include DHB hospital and private healthcare organisations you currently supply with the Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products and other Medical Devices (please give a short summary for these, including type of Medical Devices supplied) |  |
| 1. **Information on other major markets for proposed product ranges.**   For each product range include:   * type of market (e.g. private hospital, public hospital) * any contracts held * annual volume * any other relevant information | ***NB.*** *Only required for product ranges that New Zealand DHB hospitals are not currently purchasing.* |
| 1. **Information about clinical reference sites**   Provide information about each reference site included in Attachment 1 including the location and relevant clinical settings in which the product is used (e.g. inpatient care, outpatient clinics, home use). | ***NB.*** *Only required for product ranges that New Zealand DHB hospitals are not currently purchasing.* |
| 1. **Other relevant company and market information** |  |

| 1. **Information about our ability to manage and support our proposed Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products** | | |
| --- | --- | --- |
| **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 (e.g. hospital, community) * other relevant information |  | |
| 1. **Training and education materials**   Include training and education materials that would be provided to DHB hospitals purchasing the proposed products. | For DHB hospital staff | For patients (if applicable) |
|  |  |
| 1. **Product support staff**   information about the staff that would be involved in supporting the proposed products (including those staff providing clinical training and support). Include:   * technical skills; * experience; * qualifications; and * other role responsibilities (e.g. if they are responsible for supporting other Device Categories etc) |  | |
| **DHB Transition** |  | |
| 1. **Experience transitioning DHB hospitals or other similar facility to your Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products**   Please outline:   * extent of transition (e.g. switching multiple consumable device product ranges within the Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products for DHB hospital use); * when transition occurred; * extra resources utilised (e.g. 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.  **Attach** a detailed transition plan setting out the transition steps, roles and responsibilities and timeframes. Note name of attachment in response column. |  | |
| 1. **Entering 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; and * any 24/7 troubleshooting support relevant to the proposed products or specific products if applicable; |  | |
| 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 products.** |  | |

| 1. **Information about our compliance with regulations and standards** | | | |
| --- | --- | --- | --- |
| 1. **New Zealand regulation** | Are all proposed products notified on the Medsafe Web Assisted Notification of Devices ‘WAND’ Database or registered as a medicine as applicable? | If No (and WAND is applicable or registration as a medicine is required), what is the timeframe all products are expected to meet regulatory requirements? | Does your company comply with the Medsafe regulated [guidelines and codes](http://www.medsafe.govt.nz/regulatory/guidelines.asp) related to supply of Medical Devices in New Zealand.  e.g. New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods |
| [Yes/No] |  | [Yes/No] |
| 1. **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] |
| 1. **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 |
|  |  |  |
| 1. **Other relevant standards for the proposed products**   List any other standards that are relevant to the proposed products including but not limited to:  **AS/NZ standards (e.g. AS/NZS3551, AS/NZS 4187, AS/NZS 4815**)   * 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 |
|  |  |  |
| 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 any products and associated services to New Zealand DHB hospitals that you don’t currently hold the rights to.   Note: Permits and rights include, but are not limited to, distribution rights and New Zealand legislative requirements for specific types of products. |  | | |

| 1. **Information about our proposed distribution and supply arrangements and ability to ensure continuity of supply to DHB hospitals** | | |
| --- | --- | --- |
| **Supply Chain & Stock Management** | | |
| 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. **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 products. |  | |
| 1. **Warehouse location(s) within New Zealand**   Include if warehouse owned by your company or owned by a logistics provider. |  | |
| 1. **Consignment stock**   Outline if your company is offering any consignment stock and how it intends to manage this.  Include information on risk and liability requirements, responsibility for management, assignment and invoicing requirements, auditing arrangements etc. |  | |
| 1. **Outline how your company manages its Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products inventory and forecasting** |  | |
| 1. **Please outline how your company would manage a recall of its Surgical Implants, Medical and Surgical Instruments and Power Tools, and Associated Products** |  | |
| 1. **Manufacture to delivery**   Explain your supply chain from start of manufacture to delivery to DHB hospitals or DHB hospital nominated locations (e.g. service satellite clinic), include:   * steps * who is involved (e.g. international freight carrier, warehousing, logistic providers, New Zealand freight providers) * timeframes for each step   Please note any differences in your supply chain for different product ranges |  | |
| **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 |  | |
| 1. **Please provide any further details you would like Pharmac to know about your company’s experience and capabilities in relation to continuity of supply of the proposed medical devices**   Please provide a succinct summary [preferably <500 words] |  | |
| 1. **Pricing and financial analysis of our proposal** | | |
| 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 2; 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* | |
| 1. **Pricing information**   Include any information related to pricing provided in Attachment 1, 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 1 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. **Please outline how your proposal supports equal opportunity for value across DHB hospitals?** |  | |

| 1. **Information about equipment** | |
| --- | --- |
| 1. **Equipment details**   Provide information relating to proposed terms for supplying equipment to DHBs in addition to details provided in Attachment 1, including the range of procurement options being proposed (e.g. 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/tracking arrangements * details of any termination terms and conditions * any differences between current arrangements with DHB hospitals and proposed arrangements and how you would support DHB hospitals moving to your new proposed national supply arrangement * product support, training, and education not already detailed in section 5 * charge for any non-purchase options, if any (e.g. monthly rental charge, free of charge loan) * equipment management responsibilities, risk, and ownership requirements for any non-purchase options * change to purchase/non-purchase options currently in place (e.g. currently provide rental option but have not proposed to provide this option)   Please name the attachment and note the name of the attachment in the adjacent box as well as in the checklist in Attachment 5.  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 2**.  Proposed pricing for outright purchase options is to be outlined in **Attachment 1.** | ***NB.*** *Only required if the proposed products include equipment* |
| 1. **Warranties, servicing, and calibration**   Provide information relating to warranty, servicing, and calibration terms for proposed 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 (e.g. 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 (e.g. 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. |  |
| 1. **Operating and maintenance manuals**   Include 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. |  |

| 1. **Other relevant information** | |
| --- | --- |
| 1. **Continuity of care**   Include 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. e.g. ACC |  |
| 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.   * How does your Organisation support social, economic, and environmental outcomes beyond supply of Pharmaceuticals (see New Zealand Government Procurement [Broader Outcomes](https://www.procurement.govt.nz/broader-outcomes/)).   Please also outline how your organisation:   * supports New Zealand businesses, including Māori, Pasifika and regional businesses, as well as social enterprises if relevant (such as noting the Māori Pasifika and regional businesses within your supply chain) * supports improving conditions for New Zealand workers and support workforce diversity.   You may also add any further comment on how your company supports economic and social outcomes for Māori |  |
| 1. **Supplier Code of Conduct**   Any relevant information that demonstrates how you would meet the government expectations outlined in the Supplier Code of Conduct. |  |
| 1. **Factors for Consideration**   Any additional information PHARMAC should consider under its [Factors for Consideration Framework](https://pharmac.govt.nz/medicine-funding-and-supply/the-funding-process/policies-manuals-and-processes/factors-for-consideration/): |  |

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| **11. Environmental Sustainability** | | | | | |
| Does your Organisation have an environmental/sustainability policy? | | Yes |  | No |  |
| Does your Organisation have a sustainability report? | | Yes |  | No |  |
| If yes to either of the two above questions, please attach or link: |  | | | | |
| How does your Organisation contribute to environmental sustainability? | *Please describe the measures you take to contribute to environmental sustainability – in general and specifically in relation to this Invitation* | | | | |
| Has your Organisation received any environmental/sustainability award(s)? | | Yes |  | No |  |
| If yes, provide details: |  | | | | |
| Has your Organisation received any environmental fine/prosecution(s)? | | Yes |  | No |  |
| If yes, provide details: |  | | | | |
| Has your Organisation received any environmental audit(s) or does it comply with a recognised standard? | | Yes |  | No |  |
| If yes, provide details: |  | | | | |