# Schedule 4b

# Proposal form – Other Suppliers

***An electronic version of this form is available on GETS or from PHARMAC or on PHARMAC’s website at <www.pharmac.govt.nz>. You should expand the boxes as necessary.***

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

Director of Operations
C/- Jeremy Price
PHARMAC
Level 9
40 Mercer Street
Wellington 6011
New Zealand

Dear Madam

**Proposal for the supply of [*insert category*]**

In response to your request for invitation (**ROI**) dated **15 September 2020**, we put forward the following proposal in respect of [***insert category***].

Set out below is further information in support of our proposal.

[Please provide a separate submission for each category of medical device that you wish to be considered.]

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| (a) Categories included in response |
| Beds and Mattresses | Yes/no (delete as applicable) |
| Electrophysiology | Yes/no (delete as applicable) |
| Operating tables | Yes/no (delete as applicable) |
| Peritoneal Dialysis | Yes/no (delete as applicable) |

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| 1. **Company details**
 |
| Full legal trading name in New Zealand |  |
| New Zealand Business Number |  |
| Address |  |
| Phone |  |
| Email  |  |
| Facsimile |  |
| 1. **Contact person(s) for this ROI**
 |
| Name, Position |  |
| Phone |  |
| Mobile |  |
| Email  |  |
| 1. **Liaison person(s) for DHB Hospitals and PHARMAC**
 |
| Name, position |  |
| Phone |  |
| Facsimile |  |
| Email  |  |
| Detail training and experience |  |
| 1. **Customer Support and General Enquiries**
 |
| Customer Service Hours (NZST) |  |
| Phone |  |
| Facsimile |  |
| Email  |  |
| 1. **Details of proposed Contract Manager**
 |
| Name, position |  |
| Phone |  |
| Email |  |
| 1. **Any conflicts of interest**
 |
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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.**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).For suppliers not currently based in New Zealand include information on whether you intend to establish local representation in New Zealand and how you would manage the needs of DHB Hospitals from your current location.  |  |
| 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. |  |
| 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**
 |
| 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.Include details of any other educational/developmental sponsorship your company provides for DHB Hospital staff associated with any of the categories Products (eg. conference packages, conference fees, travel and accommodation expenses). Include whether it is paid in full or partially subsidised by your company. | 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 proposed distribution and supply arrangements and ability to ensure continuity of supply to DHB Hospitals**
 |
| **Stock Management** |
| 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. |  |
| 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. **Information about our compliance with regulations and standards**
 |
| 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. Any product specific standards should 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. **Financial analysis of our proposal**
 |
| Financial impactInclude * overview of how proposed pricing compares to that currently offered to DHB Hospitals
* justification for any price increased for DHB Hospitals as a result of the proposal

**Attach** detail in Excel format (format is included in Attachment 5). | ***NB.*** *Only required if the proposed products are currently supplied to DHB Hospitals* |
| Alternative pricing modelsInclude:* 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. |  |
| 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 informationInclude:* details of contingencies in place for peaks in demand for loan equipment
* delivery and retrieval timeframe(s)
* delivery, receipt and pre-use procedures
* details of risk and liability during key exchange activity points
* details of any consignment arrangements
* management and operational arrangements including equipment tracking
* respective supplier and DHB responsibilities for fleet management
* details of any termination terms and conditions
* end of life disposal
* product support, training and education
* any differences between current arrangements with DHB Hospitals and proposed arrangements

Details should be specific for each different type of equipment included in the proposal and can be included in a separate spreadsheet. |  |
| Warranties and maintenance Include:* details of replacement and repairs policy
* overview of warranty coverage, including warranty for repairs and spare parts
* cost for all services within the warranty period and following expiry of warranty period
* whether replacement loan equipment is providing while maintenance and repairs is undertaken
* training of DHB staff

Details should be specific for each category and different type of equipment included in the proposal and can be included in a separate spreadsheet |  |
| Operating 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 service manuals. |  |

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| 1. **Other relevant information**
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| Additional optionsInclude any additional proposals or suggestions not expressly identified in this ROI that you would like PHARMAC to consider as part of this proposal.Also refer to Attachment 3.  |  |
| Sustainability and waste reduction policies and initiativesPlease provide details of any waste reduction policies and initiatives currently in place for each product. |  |
| 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. |  |