# Schedule 3: 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

C/- Jeremy Price, Chloë Dimock  
PHARMAC

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

Dear Sir/Madam

**Proposal for the supply of Needles and Syringes**

In response to your request for proposals (**RFP**) dated **3 November 2017** we put forward the following proposal in respect of Needles and Syringes;

***[Please refer to Schedule 3-5 for information and evidence to be included in your proposal. You must also include information as outlined in Attachment 1 as part of your proposal.]***

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

1. Our contact details:

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| Full legal trading name in New Zealand |  |
| Key contact person(s) |  |
| Address |  |
| Phone |  |
| Mobile |  |
| Facsimile |  |
| Email address |  |

1. Key features of our proposal, associated services available and reasons why PHARMAC should accept our proposal:

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

* Any proposed Needle and Syringe Products that do not include a price will not be considered by PHARMAC (unless noted as provided at no cost to the DHB)

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1. Statement of understanding of the New Zealand legislative requirements for proposed Needle and Syringe products:

* All proposed Needle and Syringe Products **MUST** be WAND registered at the time of submission for this RFP. WAND registration number must be provided for all Needle and Syringe Products in Attachment 1. *Please do not provide WAND documents*

More information on Medical Device Legislation in New Zealand can be found on the Medsafe website [here](http://www.medsafe.govt.nz/regulatory/DevicesNew/2Legislation.asp)

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1. Evidence of international compliance (eg ARTG, CE Mark) and standards which our products comply with (for example ISO standards):

Please attach copies of international compliance certificates and include identification number in Attachment 1.

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

Please include the following in your response:

* Expiry dates
* Additional cost and volume data/information
* Other relevant information about current contracts in place with DHB Hospitals
* In scope Needle and Syringe Products currently provided to DHB Hospitals that are not included in proposal, and reason for this.
* For products that are not single use outline where applicable current service agreements, warranties etc.

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1. Financial analysis of our proposal:

Please include the following in your response:

* An overview of how pricing compares to that currently offered to DHB Hospitals
* Impact analysis (Attachment 1)

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1. Information about our proposed distribution and supply arrangements including our ability to ensure continuity of supply to DHB Hospitals:

Please include the following in your response:

* Whether you are a manufacturer or distributor of the proposed Needle and Syringe 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
* 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
* Minimum shelf life of products
* Other relevant supply chain arrangements

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1. Information about our other major markets and previous supply performance (applicable **ONLY** for products **NOT** currently supplied to DHB hospitals):

Please include the following in your response:

* Private New Zealand hospital market(s)
* International hospital markets (public or private)
* Recent tenders awarded
* please provide **THREE** clinical reference sites where proposed products are used in similar ways and settings to DHB hospitals, with sales volumes for 1 October 2016 to 30 September 2017.
* please provide a supply chain reference

*State ‘Not Applicable’ if all proposed products are already provided to DHB hospitals*

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1. Information about our organisation:

Please include the following in your response:

* Organisational structure
* Information on ability to manage liability in event of a major product recall or failure to supply
* Management, technical skills, experience and qualifications of staff in relation to the proposed Needle and Syringe products
* Customer support hours for troubleshooting and advice
* Other relevant information about your organisation

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1. Information about our financial resources:

Please include the following in your response:

* information about your ability to manage liability in event of a major product recall or failure to supply event as described in Part 6 of PHARMAC standard terms and conditions (Attachment 2) for the supply of medical devices

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1. Information about our Quality Management Systems including our current complaints management process and our ability to recall stock, refund or credit for damaged or faulty goods:

Please include the following in your response:

* Information about conformance to ISO 9000 Quality management or ISO 1345:2016 Medical devices quality management systems
* Attach evidence where available

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

Please include the following in your response:

* information on the type of training and education you would provide for DHBs for your Needle and Syringe products
* information on the instructions and guides for your Needle and Syringe products (as applicable) proposed for clinical personnel
* information on your educational team including their qualifications and the number of personnel
* Information about our instructions and/or educational resources for patients (where applicable)

*Please do not include copies of full manuals or advertising pamphlets*

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1. Information about our ability to support DHB transition to our products. Please include the following in your response:

* Overview of transition support with detailed transition plan specific to your Needle and Syringe products attached

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

Please include the following in your response:

* Risk and liability arrangements
* Responsibility for stock management
* Auditing arrangements
* Other relevant consignment stock management information

*State ‘Not Applicable’ if you do not offer consignment for the submitted products*

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

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1. Proposal/suggestions (e.g. pricing, risk sharing arrangements) regarding the medical device(s) not expressly identified in this RFP that we would like PHARMAC to consider as part of our proposal:

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1. Additional information that PHARMAC should consider when evaluating our 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

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