**Ministry of Health**

**Registration of Interest**

**National Telehealth Service**

**Part 1 – Our Requirements and the ROI Process**

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| **What’s inside?** |
| Overview  Our Requirements  Summary of the Procurement Process |
| How this ROI will be Evaluated  Next Steps |
| Further Information  Overview of Current Services |

Table of Contents

[1. Overview 2](#_Toc387401550)

[A bit about us 2](#_Toc387401551)

[Introduction 2](#_Toc387401552)

[2. Our Requirements 3](#_Toc387401553)

[Background 3](#_Toc387401554)

[Vision for the National Telehealth Service 3](#_Toc387401555)

[What do we mean by ‘Telehealth’? 5](#_Toc387401556)

[General service components of the NTS 5](#_Toc387401557)

[What do we mean by ‘service user’? 6](#_Toc387401558)

[What do we mean by integration? 7](#_Toc387401559)

[What do we mean by quality? 7](#_Toc387401560)

[What do we mean by innovation? 8](#_Toc387401561)

[3. Summary of the Procurement Process 9](#_Toc387401562)

[What is Competitive Dialogue? 10](#_Toc387401563)

[4. How this ROI will be Evaluated 11](#_Toc387401564)

[5. Next Steps 14](#_Toc387401565)

[6. Further Information 17](#_Toc387401566)

[Appendix A: Overview of current services 19](#_Toc387401567)

1. Overview

## This Registration of Interest (ROI) is comprised of three documents:

* **Part One** – this document outlining the ROI process and our requirements
* **Part Two** – Supplier Response Form
* **Part Three** – ROI Terms and Conditions

# A bit about us

The Ministry works across the health sector to deliver better health outcomes for New Zealanders. The Ministry leads New Zealand’s health and disability system, and has overall responsibility for the management and development of that system.

The Ministry’s regulatory responsibilities within the health and disability system include administering legislation and associated regulations.

The Ministry is comprised of business units, each with its own functions and areas of responsibility. These include the National Health Board, the Office of the Chief Nurse, Policy, Clinical Leadership, Protection and Regulation, Māori Health, Sector Capability and Implementation, and Corporate Services.

# Introduction

The Ministry is looking to purchase an integrated, enhanced and sustainable National Telehealth Service (NTS) to improve public access to a range of unplanned care, advisory, counselling and referral services. The service will be culturally sensitive and appropriate to community needs providing consistent, high quality advice across the country – sign posting callers or web-visitors to appropriate services and care.

The Ministry will work with the successful Supplier by providing leadership at the national level. This will include the establishment of a service evaluation framework for the NTS.

1. Our Requirements

# Background

Additional background information can be found on the Ministry of Health NTS web page (<http://www.health.govt.nz/our-work/national-telehealth-services>).

## Request for Information (RFI)

In October 2013, an RFI was released to gain a better understanding of the market and its capabilities in order to identify the range of possible solutions. The RFI submissions were of a high quality and demonstrated willingness from respondents to explore innovative ideas.

A brief summary of the RFI process is available on Ministry of Health NTS web page (http://www.health.govt.nz/our-work/national-telehealth-services/national-telehealth-service-questions-and-answers#rfi-responses)

## Structured Dialogue to Inform Solution

Following on from the RFI it is our desire to develop the integrated NTS in collaboration with potential Suppliers through a structured dialogue process. We believe this will deliver greater benefit as we know what our needs are for the NTS but want more information on the full range of options that can meet those needs. It will mean innovation and ideas from Shortlisted Suppliers will shape the client centred service rather than pre-determined specifications.

This ROI process will determine which Suppliers are shortlisted to participate in this dialogue, and the following closed Request for Proposal (RFP) process (refer to section 3).

## Collaboration with other Government agencies

The Ministry is collaborating with ACC, who may become a co-purchaser of or otherwise involved in some parts of the NTS.

The strategic objectives for ACC with regard to the NTS are to:

* Work with the Ministry through a telehealth service to future proof urgent and unplanned care services for ill and injured New Zealanders
* Provide better rehabilitation outcomes for injured New Zealanders through the provision of early, easily accessible, and appropriate clinical advice
* Improve the experience of ACC clients with a more seamless integration of services
* Increase awareness of, and provide early alerts for referral to injury prevention interventions.

Other agencies such as Worksafe New Zealand and the Health Promotion Agency may also be co-purchasers of or otherwise involved in the NTS.

The Contract entered into between the Successful Supplier and the Ministry may require the Supplier to work with or provide services to other Government agencies. A common use provision (CUP) may be included in this Contract.

# Vision for the National Telehealth Service

The vision for the NTS is that “the right thing to do is the easiest thing to do for service users and providers”. This vision underpins the principles, objectives, outputs and outcomes in Figure 1 below. The solution will be an integral part of the New Zealand health system linking across service areas to enable the public to connect with the most appropriate service for their needs. The vision will not necessarily be achieved on day one of the NTS but there will be a clear path to achieve that vision with the ability to be innovative and change direction as technology and the needs of the New Zealand public change.

The objectives, outputs and outcomes in Figure 1 may be refined as part of the dialogue process with the Shortlisted Suppliers.



Figure 1 – Vision, Principles, Objectives, Outputs and Outcomes for the NTS

Whilst we are seeking service integration we are open minded about how this can best be delivered. Integration across the various services can be achieved through a single Supplier, or a lead Supplier, or a joint venture (provided there is a lead Supplier) etc. Multiple Suppliers may need to work within an integrated service framework. This is not about achieving a single phone number but having services capable of ensuring whichever part of the NTS a service user contacts they are able to access the right service and information for their needs.

The NTS will be free of charge to users and available 24-hours a day, seven-days per week either by telephone, text-messaging or on-line. The service may be provided by one or many suppliers however it is the Ministry’s expectation that there is one contract between the Ministry and the lead Supplier.

The following telehealth services will be included in the NTS:

* Healthline
* Poison Information Service
* Personal health aspect of the Immunisation Advisory Centre (0800 Immune) telephone line
* Quitline
* Gambling Helpline
* Alcohol and Drug Helpline
* Depression Helpline

The services listed above are currently delivered by a mix of commercial, university and non-government organisations that together handle approximately 2 million calls per year, from the public. Refer to Appendix A for more detailed information on current services.

Section 3 outlines the Ministry’s procurement process to purchase the NTS.

# What do we mean by ‘Telehealth’?

‘Telehealth‘, is defined as the use of information and communications technologies along with appropriately trained health professionals and other health workers to deliver health services and transmit health information over distance. It is about transmitting voice, data, images and information rather than service users and health professionals or educators travelling to physically meet with clients. It can encompass advice, support, assessment of symptoms, triage, treatment, preventive (educational) and curative aspects of healthcare services.

Telehealth has the potential to be a key tool to support better integrated care if linked into health strategies where clinical pathways and service delivery processes are fully coordinated and patient data safely shared.

For the public, the NTS will enable access to a range of unplanned care, advisory, counselling and referral services via:

* telephone triage, phone advice, support and counselling
* text messaging
* email
* phone applications such as a symptom checker
* health information available on the internet
* online chat
* self-guided e-therapy
* social media including blogs and online forums
* ability to integrate with and refer to other services.

# General service components of the NTS

The Ministry is looking to purchase an integrated, enhanced and sustainable NTS to improve public access to a range of unplanned care (currently delivered through Healthline, Poison Information Service and personal health aspect of the Immunisation Advisory Centre (0800 Immune) telephone line service) and advisory, counselling and referral services for people with smoking and/or depression and/or gambling and/or alcohol and drug issues.

The following telehealth services are excluded from the NTS; however these will be strongly integrated with the service:

* Immunisation advice for health professionals
* Hepatitis C education
* Health Promotion and Support Services
* Ambulance Communications Centres (111)
* PlunketLine.

The shape of the service components will be influenced by how Suppliers(s) can best meet requirements to:

* deliver a single co-ordinated approach to service development, delivery and promotion to enable access to the NTS, to maximise health and well-being outcomes
* capitalise on and integrate with national health IT initiatives, including the shared patient care record initiative, patient portals
* ensure appropriate governance structures are in place across the whole service, including clinical governance, as well as strong relationships and partnership across providers and the health sector to identify issues and service improvement opportunities
* improve public access to a range of telehealth services, this may include service promotion of the services to stimulate demand and to promote the service nationally including supporting priority populations
* provide person centric care considering the person as a whole, with services wrapping around the individual, requiring the story only being told once. For instance a person may contact a component of the NTS but during the course of the conversation it becomes apparent that the caller may benefit from receiving other services. If the other service is within the NTS they are seamlessly transferred. If outside the NTS a referral is made (or the appointment) to the appropriate service
* appropriately transfer service user information between services with the ability to maintain client confidentiality/anonymity where required. For example transfer service user information between the NTS and primary care (and vice versa) where a referral is made or would assist with continuity of care
* rationalise call centre infrastructure, while using a mix of appropriately qualified frontline staff to:
  + Answer calls in an appropriate and timely manner. For example some current services are expected to answer 80% of calls within 20 seconds with a call abandonment rate of less than 10%. For counselling services it is vital to capitalise on the window of opportunity and capture that moment of an individual’s readiness for support
  + Respond to other methods of contact in an appropriate and timely manner. For example some current services are expected to answer: 80% of text messages within 10 minutes; 80% of emails within 1 hour; and 80% of message board posts within 12 hours
  + Provide advice and support for acute and unplanned care, using a clinical nurse triage approach and the appropriate clinical decision support triage software
  + Provide poisons advice helpline and database
  + Deliver helpline services to provide advice and support for addiction services (smoking, alcohol or drug, gambling) and/or depression
  + Provide a consistent, high quality approach to after-hours triage and advice for callers across the country
  + Deliver secondary triage services for low acuity callers referred to the service from 111 Ambulance Communications Centres
  + Provide rapid transfer of calls and referrals to and from ambulance services, primary care and other health service providers including non-government organisations
  + Deliver either a physical or virtual call-centre that has an ability to respond promptly to changing need or environment
* deliver a range of web based options, including smart phone applications, a symptom checker, on-line information, self-help programmes, peer support and interactive communication to the NTS via text and email
* utilise social media to enhance service delivery, for example on-line forums that enable peer support
* ensure that the service will have the capability and capacity to respond to any public health event in New Zealand, and provide prompt assistance with public health issues and natural disasters. The service will have a robust disaster recovery plan/business continuity plan
* engage a workforce that is qualified and trained to meet the needs of all clients, e.g. health professionals with a current New Zealand Annual Practicing Certificate and/or appropriate service specific training
* have the necessary support services in place for the information technology infrastructure and other technical elements of the service
* offer ongoing supply of up-to-date information on local service provision, support networks, health facilities and services, provider groups, private and voluntary organisations, and any other related community activities to service users
* integrate with local primary care services’ urgent care arrangements, including ‘after hours’ services
* develop and maintain linkages with appropriate health organisations, and
* to be innovative and flexible to enable the NTS to develop to meet future needs, for example:
  + have the ability to make appointments with face-to-face services
  + provide pharmacist advice, and
  + provide virtual access to a doctor after-hours either by phone or web based video technology.

# What do we mean by ‘service user’?

Service User means the person who has made contact with the NTS. This may be the patient or a concerned other. Service User, client and patient are used interchangeably in this document.

# What do we mean by integration?

The NTS must have the capability and capacity to ensure there is a seamless transition to clients as the end user from one service to another. By this we mean that the NTS is integrated with other parts of the health system ie. IT systems enable the transfer of appropriate information; clinical pathways and referral pathways ensure the safe transition of clients between services; and there are trusting relationships with health partners to develop new pathways.

Essentially the tools, systems, processes and relationships will enable the client to move smoothly and effectively from one service to another service in the health system. An integrated approach will enable the NTS to be delivered in line with the principles and meet the service objectives (refer Figure 1).

# What do we mean by quality?

There will be a strong emphasis on continuous quality improvement for the NTS. Quality is an integral component and will be the method for:

* determining service success; ensuring the New Zealand population has confidence in the services; and
* assessing the value of any future service developments.

Figure 2 provides an overview of how the NTS principles and outcomes fit into an overall quality framework that contribute to the health and well-being of New Zealanders at an individual, population and system level. Quality service improvements for the NTS will need to take into account how the service improvements have a positive impact on the Health System Outcomes and the Triple Aim.



Figure 2 NTS Quality Framework[[1]](#footnote-1)

## Quality standards

The NTS will need to be delivered in accordance with a range of quality standards some examples of which are:

* New Zealand Health and Disability Service Standards (NZS 8134) (<http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards>)
* New Zealand Nursing Council Professional Standards for TeleNursing Practice and Cultural Safety Competencies (<http://www.moh.govt.nz/notebook/nbbooks.nsf/0/F7657BFFE06996804C256950000F252C/$file/99450.pdf>)
* Appropriate Health Information Standards Organisation (HISO) standards (eg. HISO 10029 Health Information Security Framework), including interoperability standards (<http://ithealthboard.health.nz/health-it-groups/health-information-standards-organisation-hiso>)
* Health Information Governance Framework (currently in development) (<http://ithealthboard.health.nz/health-it-groups/health-information-governance-expert-advisory-group-higeag>)
* ISO 9001 certification or equivalent standards
* Addiction Practitioners’ Association Aotearoa-New Zealand Incorporated (DAPAANZ) – Addiction Intervention Competency Framework (<http://www.dapaanz.org.nz/site/files/pdf/addiction_competency_may_2011.pdf>) for professionals specialising in problem gambling, alcohol and drug and smoking cessation intervention
* All web services must comply with New Zealand Government web standards (<https://webtoolkit.govt.nz/standards/>)
* Health care professionals must be registered with their appropriate professional NZ authority and hold a NZ current practising certificate.

Services must be delivered in accordance with relevant Ministry service specifications or service frameworks which can be found on the Nationwide Service Framework Library (<http://www.nsfl.health.govt.nz/apps/nsfl.nsf/menumh/Service+Specifications>). Specific examples are:

* The Smoking Cessation service must be delivered in accordance with relevant Ministry service specification and guidelines. Any changes to the service specifications in the future would be in accordance with the Ministry’s normal consultation process (<http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/403>)
* The Gambling Helpline service must be delivered in accordance with the Gambling Outcomes Framework (<http://www.health.govt.nz/publication/outcomes-framework-preventing-and-minimising-gambling-harm-baseline-report>)

Services must be provided in a culturally appropriate way and be cognisant of relevant cultural requirements. Services need to be delivered appropriately to all aspects of the community, including Māori, Pacific, Asian, high risk eg. youth mental health and high need groups.

# What do we mean by innovation?

The NTS will need to evolve over time to meet the changing population needs due to aging, long term conditions and population growth etc. Keeping up-to-date with technological and societal changes is imperative for the NTS to continue to be effective in the future.

The way service users access the NTS may change over time as technology continues to advance. The NTS will need to adapt to the change in trends. For example as smoking prevalence declines within the population the likelihood is that the remaining smokers will require more intense intervention including face to face services. Service users are also communicating differently moving away from the telephone, utilising text messaging and on-line means instead. Virtual face to face consultations via video over the internet could be another development.

1. Summary of the Procurement Process

Potential suppliers should be aware that the procurement process for the establishment of a NTS has a longer timeframe than that of ‘traditional’ procurement processes. This signals the commitment, resourcing, flexibility and engagement required by all parties involved. This process includes developing the product solution/specification in conjunction with the Ministry.

The following diagram provides a view of the procurement phases involved to establish the NTS.



**Phase 1 (ROI):** The purpose of this phase is to recommend a shortlist of capable suppliers. This however, does not guarantee Shortlisted Suppliers will be successful through the remainder of the procurement process. Proposals will be put through a rigorous evaluation methodology to ensure we have the right shortlist of capable, committed Suppliers.

**Phase 2:** More information on this phase is outlined below in ‘What is Competitive Dialogue”.

The main objectives of this phase are:

1. Sessions with Shortlisted Suppliers to ensure requirements are understood.
2. Structured dialogue with Shortlisted Suppliers that allow the development of the NTS design and indicative contract (between the Ministry and the Successful Supplier) for the closed RFP.
3. Provide a smooth transition from RFP to contract signing with an associated reduced timeframe for contract negotiation.

**Phase 3:** Once Phase 2 concludes the RFP will be developed and released for a closed tender (RFP) for a response by Shortlisted Supplier/s. The responses received will be assessed (if applicable) and advance to phase 4.

**Phase 4**: Due diligence will be completed by the Ministry. This process may be done prior to Phase 3 if required.

**Phase 5:** Agreement of contractual terms and contract signing between the Ministry and the Successful Supplier.

**Phase 6:** The Ministry will, where applicable, work with the Successful Supplier to implement the agreed model and transition services to the NTS. The Successful Supplier will be required to work with existing providers (where applicable) to ensure the smooth transition of services.

# What is Competitive Dialogue?

Competitive Dialogue is a technical term for a tender process that was created to allow more flexibility when dealing with complex or unusual procurements.

Competitive Dialogue is different from other tender processes as it allows the Ministry to thoroughly discuss each aspect of the procurement with Shortlisted Suppliers before specifying the requirements and before inviting the Shortlisted Suppliers to submit their full and final tenders or proposals.

The Ministry will first invite, then shortlist qualifying Suppliers to participate in the Competitive Dialogue process, which includes a structured dialogue phase.

The structured dialogue phase allows the Ministry to work in one-on-one sessions with each Shortlisted Supplier to develop possible solutions, from scratch.

Shortlisted Suppliers compete against each other to put together the best solution(s). This creates a competitive tension that stimulates innovative ideas.

The dialogue phase may result in a single solution or a different solution with each Shortlisted Supplier. The Ministry then finalises its specifications and invites the shortlisted suppliers to bid for the resulting contract opportunity.

A well-managed Competitive Dialogue process should result in better quality tenders, do away with protracted contract negotiations, build strong working relationships and iron out potential problems before the contract is awarded.

This offers significant opportunities to get better strategic outcomes from this procurement process.

**The benefits of Competitive Dialogue**

Competitive Dialogue can:

* result in better quality fit-for-purpose tenders
* provide a range of innovative ideas
* deliver a solution that is fully customised to a complex problem
* reduce the time it takes to award the contract; and
* add value by building strong relationships with shortlisted suppliers.

1. How this ROI will be Evaluated

## ROI Evaluation Criteria and Weighting Factors

### Mandatory Criteria

|  |  |  |
| --- | --- | --- |
| 1 | Response received before closing date & time | Determined by the Ministry |
| 2 | Response provided to all questions in this ROI | Determined by the Ministry |
| 3 | Supplier has an active New Zealand based presence including an office headed by a senior manager eg. country or general manager  Please provide New Zealand office address in Section A: Profile of the Supplier | Yes/No |
| 4 | Supplier intends to provide or lead the provision (either itself or as part of a joint venture, consortium, etc) of all components of the National Telehealth Service | Yes/No |
| 5 | Supplier is willing to complete the entire procurement process should it be successful during this ROI | Yes/No |
| 6 | Response provides a minimum of 2 two referees (outside of the Ministry) who can verify ability to provide the services covered by this ROI  Please provide referee details in Section A: Profile of the Supplier | Yes/No |
| 7 | Supplier has no conflicts of interest or any conflicts of interest are able to be managed appropriately | Yes/No |

*Please note: Responses that fail to meet ALL mandatory criteria will not be considered for further assessment against the weighted criteria.*

### Weighted Criteria

|  |  |  |
| --- | --- | --- |
| Question | | Weighting |
| 1. | Outline what makes you the right Supplier to implement/transition, lead and deliver the NTS. | 10% |
| 2. | Outline your vision for the future of the NTS. | 15% |
| 3. | Demonstrate that you have the track record to be the successful Supplier of the NTS including:   * Leadership expertise * A description of your strengths in relation to General Service Components outlined on pages 5-6 of Part 1 of this ROI * Demonstrating positive engagement and effective lasting relationships/networks with key groups * Any partners that you deem necessary to work with to achieve a change and to assist you to lead initiatives * Delivering services to all aspects of the community, including Māori, Pacific, Asian, high risk eg. youth mental health and high need groups. | 30% |
| 4. | Outline your approach to setting up the necessary infrastructure to ensure that the NTS is successful.  Outline what infrastructure is already established and what would need to be put in place, and your ability to provide an integrated service including any key interfaces and/or integration requirements.  Consider the following areas in your response:   * What an integrated service may look like * Capability, capacity and expertise in establishing infrastructure for a service such as this * Systems, tools and technology * Communication * Governance structure * Key opportunities and risks in establishing/transitioning this new service | 15% |
| 5. | Outline how you would propose to manage the relationship with us, and with other third parties as may be required, including the wider health sector. Also include sub-contractor or partnership arrangements if applicable. | 15% |
| 6. | Outline your service implementation and delivery approach to:   * Quality assurance and improvement and * Risk identification and management   Consider the following areas in your response:   * Maintaining trust and confidence from both a service user and health sector perspective * Clinical * Performance | 15% |

*Section 2 - Our Requirements provides high level information to assist you with the answering of these weighted criteria questions.*

## Our approach to evaluating responses

**A summary of the evaluation process is as follows:**

* All responses will be screened for completeness and validity including checking that mandatory criteria have been satisfied.
* Our Evaluation Panel will individually score responses against weighted evaluation criteria as outlined in the table above.
* Evaluation Panel members will use a Rating Scale to guide evaluation of their scoring and will then meet to moderate the scores for each supplier response.
* Pricing information will be not be requested or evaluated at the ROI stage.

**Additional Information we may require**

* As a condition of this ROI you agree that should you be successful in being shortlisted, you may be asked to provide detail in the following areas:
  + Company Details, legal status
  + Company Ownership Structure and Facilities
  + Staff structure and capabilities
  + Financial Information (eg annual accounts)
  + Insurance details (eg indemnity levels, public liability)
  + Additional Referees
  + Other information.

1. Next Steps

If, having read our Registration of Interest (ROI), you are interested in responding, this section sets out the next steps in the process.

|  |  |  |
| --- | --- | --- |
|  | **Understand our Requirements**  Make sure you fully read this document and the ROI Terms and Conditions before starting to prepare your response. In particular develop a strong understanding of our [Requirements](#_Our_Requirements) and how your solution(s) will be [evaluated](#_Our_Evaluation_Methodology). If anything is unclear or you have any questions then ask us to explain. Email our [Contact Person](#_About_This_RFP). | |
|  | **Our process**  This is a contestable two stage competitive tender process which includes a dialogue phase. We have set out a step-by-step process for suppliers to follow as well as some rules. Make sure you follow our process and abide by the rules. Remember, it is important when preparing your response to use the **Supplier Response Form (Part 2)** and complete the Supplier Declaration. Having done the work, don’t be late – you must get your Response to us before the Closing Date. | |
|  | **Changes to our process/Notifications**  If we need to change anything about this process, want to provide suppliers with additional information or notification we will notify all suppliers. If you downloaded this ROI from GETS you will automatically be sent notifications of any changes. | |
|  | **Our Contact Person**  Please direct all enquiries to our Contact Person. You must not attempt to gain information from any other Ministry staff member or staff at any other Government Agency (eg. ACC, HPA or Worksafe). Make sure that you include the ROI title in your email.  **Clayton Cleary**  Senior Procurement Specialist  Corporate Services  Email: **telehealth@moh.govt.nz**  No.1 The Terrace  PO Box 5013  Wellington 6145  New Zealand | |
|  | **Clarification Period**  The Clarification Period opens on Friday, 9 May 2014 and closes on Thursday, 12 June 2014. The Ministry will endeavour to respond to queries within reasonable timeframes and will publish any responses that affect all potential respondents onto GETS. | |
|  | **Our email address for Responses**  Responses must be submitted by email (no larger than 7Mb) as .doc, .docx or PDF document formats to the following address:  [**telehealth@moh.govt.nz**](mailto:telehealth@moh.govt.nz)  Your response should be limited to up to 25-sides of an A4 page, no smaller than Arial font size 10, single line spacing.  **Please note:** Proposals sent by fax will not be accepted.  Make sure that you include the ROI title in your email. If you don’t get a response to confirm receipt of your email you should assume that we have not received it | |
|  | | **Our Indicative Timeline**  The following information sets out our process and Indicative Timeline.   |  |  | | --- | --- | | **Event** | **Indicative Date** | | Issue of ROI on GETS | Friday 9 May 2014 | | ROI Clarification (Q&A) Period starts | Monday 12 May 2014 | | ROI Clarification (Q&A) Period ends | Thursday 12 June 2014 | | ROI closing date | Midday, Friday 20 June 2014 | | Evaluation period | Late June - July 2014 | | Engagement and competitive dialogue period (phase 2) | July – September 2014 | | Closed RFP process (phases 3-5) | October – December 2014 | | Service implementation / transition (phase 6) | January – June 2015 | | Service commencement | 1 July 2015 |   **Please note:** All times are New Zealand standard time. We reserve the right to alter the timeline, if required. | |
|  | **The rules**  This ROI is subject to a set of rules called the **ROI Terms and Conditions**. These are in Part 3 of this ROI document. | |
|  | **Interpreting this ROI**  Words starting with capital letters can have special meaning. The **ROI Terms and Conditions** contains definitions for words and expressions that have special meanings. | |
|  | **Tools**  Here are some tools that may help you in preparing your Proposal.   * [A guide to Supplying New Zealand Government](http://www.business.govt.nz/procurement/pdf-library/suppliers/How%20to%20Supply%20NZ%20Government.pdf) * [Procurement Jargon Buster](http://www.business.govt.nz/procurement/pdf-library/agencies/guides-and-tools/jargon-buster.pdf) * [How to feedback and complain](http://www.business.govt.nz/procurement/pdf-library/suppliers/Guide%20to%20supplier%20feedback.pdf) | |
|  | **ROI Close Date**  Responses to this ROI must be returned to us by the Close Date which is:  **Midday, Friday 20 June 2014** | |

1. Further Information

**Opportunity for a 45 minute overview**

We are offering the opportunity for potential Suppliers to attend a 45 minute session on the dates outlined below at our office in Auckland or Wellington.

The Sessions will be limited to 1 per Supplier.

These sessions are available on a first in first served basis; you may wish to include preferred alternative sessions in the event your first choice is not available.

**What if I cannot make it to one of the sessions?**

All relevant Q & A and material information will be provided to Suppliers through GETS and on the National Telehealth Services website. The Ministry will ensure all potential Suppliers have access to any material information via GETS in a timely manner.

If you are based outside of Auckland or Wellington, we can consider a teleconference.

**Can I still ask questions regarding the ROI process and documents by contacting the ROI contact person?**

Yes, you should send any questions regarding the ROI to [telehealth@moh.govt.nz](mailto:telehealth@moh.govt.nz) up until the closing of the clarification period Thursday 12 June 2014.

***Please note any relevant Q & A’s or information arising from these sessions will be provided to all potential Suppliers via GETS.***

**Dates and times:**

**Numbers are limited so early bookings are advisable.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Location** | **Session Times Available** | | | | | | |
| Friday 23 May 2014 | **Ministry of Health Auckland Office** | 9am | 10am | 11am | 1pm | 2pm | 3pm | 4pm |
| Monday 26 May 2014 | **Ministry of Health Wellington Office** | 9am | 10am | 11am | 1pm | 2pm | 3pm | 4pm |

**How do I register?**

Please register the following details to [telehealth@moh.govt.nz](mailto:telehealth@moh.govt.nz) titled: **ROI Q & A Session booking request**

**Contact Name:**

**Organisation:**

**Contact Number:**

**Preferred Date & Time:**

**Alternative Date & Time:**

**Number of People attending:**

**Responding to the ROI: Yes, No or Unknown**

You can also visit the National Telehealth webpage for more information.

<http://www.health.govt.nz/our-work/national-telehealth-services>

# Appendix A: Overview of current services

| **Service Area** | ***Description*** | **Healthline** | **National Poisons Centre** | **Immunisation Advisory Centre** | **Quitline** | **National Depression Initiative** | **Gambling helpline** | **Alcohol/Drug helpline** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General description** | *What is the purpose of the current service?* | Healthline is a national telephone triage and health advice service. Healthline offers the public a confidential, reliable and consistent source of advice on healthcare, so that callers can manage many of their problems at home or know who to contact or where to go to for appropriate care or further advice. The service aligns with key policy in regards to the reduction of after-hours primary care, ambulance services and emergency department waiting times as described in the Ministry’s Statement of Intent and Health Targets. The service is expected to be able to provide advice and information across a wide range of health topics including hepatitis C. | The poisons information service addresses the need for immediate, accurate and current information about poisoning and treatment. It helps callers to manage some instances of poisoning at home or will inform them who to contact or where to go to for appropriate care or further advice. The service aligns with key policy in regards to reduction of after-hours primary care, ambulance services and emergency department waiting times as described in the Ministry’s Statement of Intent and Health Targets (http://www.moh.govt.nz/healthtargets). The service uses a poisons’ database to inform the telephone line service which is also accessible online to medical professionals. | Telephone helpline providing immunisation information and advice to members of the public. More complex questions in the future would be referred to the Immunisation Advisory Centre. Medical professionals would continue to contact the Immunisation Advisory Centre for support. | Quitline is a nationwide smoking cessation service. Its aim is to reduce tobacco related mortality and morbidity and to decrease inequitable tobacco related health outcomes. The service encourages and supports people who use tobacco to quit through a range of services including telephone counselling and advice, text to quit, and/or on-line services and provision of subsidised nicotine replacement patches, gum and lozenges. | The Depression helpline is part of the wider National Depression Initiative (NDI) programme. The programme seeks to reduce the impact of Depression on the lives of New Zealanders. It is part of the Mental Health and Addiction Service Development Plan and the Suicide Prevention Strategy for New Zealand. The helpline component provides support to people seeking additional support to that available through the online information and self-help programmes. Support ranges from emergency services response through to primary mental health care and general assistance with sourcing online information and help. | The Gambling Helpline is the first point of contact for people in crisis because of gambling. The helpline is available to callers who are concerned about their own gambling as well as family and affected others who are concerned about someone’s gambling. Advice and support is provided from trained problem gambling counsellors who can provide psychosocial intervention support and referrals to other health providers for callers requesting face-to-face counselling. | The nationwide Alcohol Drug Helpline seeks to reduce the harm caused by alcohol and other drugs by providing information on treatment options including self-management and referral to treatment services for people concerned about their own or someone else's alcohol and drug use. |
| **Service description** | *What does each service offer?* | Healthline is a free telephone health advice service for all the family. It is a national 24/7 nurse led clinical triage and advice service. | Poisonline is a free national phone support service that provides advice to health professionals and the public on human exposure to poisons, hazardous chemicals and hazardous plants, fungi and creatures. | Free Nurse led national immunisation phone advice and support | Quitline is a free national phone and online advice and support service for people seeking support to quit smoking. | National Depression Initiative Helpline services (NDI Helpline, The Journal and The Lowdown) – a national 24/7 available integrated suite of phone, text and online services providing clinical counselling advice and support for those with depression. In addition to providing crisis response the service also provides in depth counselling for users. | A confidential toll-free national 24/7 gambling helpline for clients or family affected others to receive trained psycho-social clinical counselling, treatment pathways and information. At the request of callers, clients may be transferred to face-to-face service providers depending on the whether a service provider is in the callers’ area. | A national trained counsellor 10am to 10pm 7 day phone provided information, intervention and referral service for persons with alcohol or drug problems and for other interested persons. Methamphetamine calls are referred to clinicians to shorten clinical pathway. |
| **Website address** | *What is the website for the service?* | [www.healthline.govt.nz](http://www.healthline.govt.nz/) | [www.poison.co.nz](http://www.poison.co.nz/) | [www.immune.org.nz](http://www.immune.org.nz/) | [www.quit.or.nz](http://www.quit.or.nz/) | [www.depression.org.nz www.thelowdown.co.nz](http://www.depression.org.nz/) | [www.gamblinghelpline.co.nz](http://www.gamblinghelpline.co.nz/) | [www.alcoholdrughelp.org.nz](http://www.alcoholdrughelp.org.nz/) |
| **Hours of operation for call centre** | *What are the current hours of operation?* | 24 hours 7 days per week | 24 hours 7 days per week | weekdays 9am-4.30 pm | Mon- Fri (8am-9.30pm), Sunday (10am-7.30pm) | 24 hours 7 days per week | 24 hours 7 days per week | 7 days per week (10am-10pm) |
| **Client Mix** | *Who are the current service clientele?* | NZ public | Health professionals, NZ public | NZ public | NZ Smoking population | NZ public | NZ public | NZ public |
| **Staff Mix** | *Who do clients talk to?* | Registered nurses trained to NZNC Telenursing standards and Cultural Safety Competencies, registered clinicians. | Poison Information officers or Specialists (staff specialised in pharmacology, toxicology, neuroscience, nursing or pharmacy)  Medical toxicologists provide 24 hour consultation for complex poisoning cases | Trained health professionals | Trained smoking cessation counsellors | Trained counsellors | Trained counsellors | Trained counsellors |
| **Client Communication Channels** | *How do clients get in touch with the service?* | Direct 0800 number,  Email,  iPhone app,  Facebook,  Website | Direct 0800 number and medical professionals may directly access the TOXINZ website for an annual fee. NPC also have a separate website for general enquires | Direct 0800 number | Direct 0800 number  Text  Website  Facebook  Smart phone app | Direct 0800 number Text Email and instant messaging Online services | Direct 0800 number Text | Direct 0800 number Text Online chat Website |
| **Supplier Communication Channels** | *How does the service get in touch with their clients?* | Advertising,  Blogs,  Website,  Health education resources, Email. | 0800 number is published on many household product labels, many medicines and it is intended to be mandatory on Psychoactive substances labels | Health education resources, Ministry advertises the number during Immunisation campaigns,  GP newsletters | Advertising  Blogs  Website  Direct mail outs | Advertising via audio visual, print and online  Blogs  Website  Health education resources | Advertising  Blogs  Website  Health education resources | Advertising  Blogs  Website  Health education resources |
| **On-going client contact?** | *Does the service offer on-going support call/contact?* | NO | NO | NO | YES | YES | YES | YES |
| **Call records kept?** | *Does the service keep history on client calls and communications?* | YES | YES | YES | YES | YES | YES | YES |

1. Health System Outcomes refer to the Ministry of Health Statement of Intent 2013-2016; The Triple Aim refer to <https://www.hqsc.govt.nz/>; Principles refer to Figure 1 for NTS principles and objectives [↑](#footnote-ref-1)