**Ministry of Health**

**Request for Proposal**

**National Telehealth Service**

**Part 2 – Supplier Response Form**



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| --- |
| **What’s inside?** |
|  |
| Section A - Profile of the Supplier  Section B - Referees  Section C - Proposal - Response to RFP  Section D - Response to the Proposed Agreement  Section E - Supplier’s Declaration |
|  |
| No adjustment to this template format. |
|  |

# Section A: Profile of the Supplier

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Lead supplier’s contact person for this RFP** | | | | | |
| **Contact person:** |  | | | | |
| **Position:** |  | | | | |
| **Phone number:** |  | | | | |
| **Mobile number:** |  | | | | |
| **Email address:** |  | | | | |
| **Is the contact person authorised to negotiate?** | | **Yes** |  | **No** |  |

|  |  |
| --- | --- |
| 1. **Lead supplier’s profile** | |
| **Full legal name:** |  |
| **Trading name: (if different)** |  |
| **Name of parent company (if applicable):** |  |
| **Physical address: (for company, insert registered office)** |  |
| **Postal address:** |  |
| **New Zealand office address:** |  |
| **Company website:** |  |
| **Location of head office: (if overseas, please specify city and country)** |  |
| **Type of entity (legal status):** | sole trader / partnership / limited liability company / other please specify |
| **Company registration #:** | if applicable, registered number for a company |
| **GST registration number:** | NZ GST number / if overseas please state |

|  |  |
| --- | --- |
| 1. **Partners / subcontractors (if known)** | |
| **Full legal name:** |  |
| **Name of key contact:** |  |
| **Key contact phone number:** |  |

|  |  |
| --- | --- |
| 1. **Partners / subcontractors (if known)** | |
| **Full legal name:** |  |
| **Name of key contact:** |  |
| **Key contact phone number:** |  |

|  |  |
| --- | --- |
| 1. **Partners / subcontractors (if known)** | |
| **Full legal name:** |  |
| **Name of key contact:** |  |
| **Key contact phone number:** |  |

|  |  |
| --- | --- |
| 1. **Partners / subcontractors (if known)** | |
| **Full legal name:** |  |
| **Name of key contact:** |  |
| **Key contact phone number:** |  |

|  |
| --- |
| 1. **Probity** |
| List any pending claims against the organisation: |
|  |
| List any court judgements or other decisions that have been made against the organisation in the last 6 years: |
|  |
| This is representative and declares that the particulars provided above are accurate, true and correct. |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Financial information** | | | | | |
| Current financial status: | [brief description of the organisation’s current financial status & stability] | | | | |
| Gross revenue: | [state the gross revenue for the last one/two/three years] | | | | |
| Gross profit: | [state the gross profit for the last one/two/three years] | | | | |
| Last audited accounts: | [insert date of last audited accounts] | | | | |
| Copy of latest audited accounts attached? | | **Yes** |  | **No** |  |
| Copy of latest annual report attached? | | **Yes** |  | **No** |  |
| Is a merger/sale/restructure in contemplation? | | **Yes** |  | **No** |  |
| Is organisation in dispute with trade union? | | **Yes** |  | **No** |  |
| 2-Year Copy of Financial Reports | | **Yes** |  | **No** |  |

Additional financial information will be requested during the due-diligence phase.

# Section B: Referees

Please supply the details of two referees (outside of the Ministry). These must be work related clients, where you have provided similar services. Include a summary of the services that have been provided and when.

|  |  |
| --- | --- |
| **Referee 1** | |
| **Full legal name:** |  |
| **Name of key contact:** |  |
| **Relevance of this referee:** |  |
| **Key contact phone number:** |  |
| **Services provided:** |  |
| **Dates when provided:** |  |

|  |  |
| --- | --- |
| **Referee 2** | |
| **Full legal name:** |  |
| **Name of key contact:** |  |
| **Relevance of this referee:** |  |
| **Key contact phone number:** |  |
| **Services provided:** |  |
| **Dates when provided:** |  |

# Section C Proposal - Response to RFP

In preparing your Proposal you are required to address each of the following questions which explore facets of each of the Evaluation Criteria. Your Proposal will be scored against each of them. These form the core of the assessment of your Proposal.

As a guide some questions have information in ***italics*** which may assist in answering each question.

|  | **Methodology** |  |
| --- | --- | --- |
|  | Outline your approach to delivering the NTS, including:   * How the service is person centred and accessible to all New Zealanders * How the service integrates with the wider health system e.g. ambulance, GPs and DHBs * How the service provides advice or refers users to services appropriate to their needs, including self-care * How the service enables users to navigate through the service to resolve health concerns, promote wellness and obtain health information by providing personalised and integrated support services to people who need them; and * How you will develop the service with health partners and provide a range of dispositions to meet local and national needs. | |
| **Total 10 % Weighting** | | |
| *You may wish to include examples such as:*   * *Leadership of key stakeholders to mobilise collective action* * *The successful implementation of a new initiative* * *Gaining sector-wide interest and engagement in initiatives* * *Demonstrating responsiveness to patients / citizens choice* * *Being adaptable and learning from things that haven’t worked* | | |
| Your response goes here: | | |
|  | Outline how you will deliver the NTS during a business interruption event. | |
| **Total 5 % Weighting** | | |
| Your response goes here: | | |
|  | Outline how you will ensure personal and/or health information held about a service user is protected by reasonable security safeguards against loss, unauthorised access, use, modification or disclosure. | |
| **Total 5 % Weighting** | | |
| *You may wish to include:*   * *How you will ensure a service user’s request to have their details anonymised is respected.* | | |
| Your response goes here: | | |

|  |  |
| --- | --- |
|  | Outline how you will ensure that the NTS upholds the trust and confidence of the New Zealand public and health professionals, and that they can access quality services that meet their needs in a timely manner, when and where they need them. |
| **Total 10 % Weighting** | |
| Your response goes here: | |
|  | As NTS Provider what new innovative approach/s would you propose to deliver to the services specified in this RFP? Why or how is this innovative? Who would your partners be and how would they contribute? |
| **Total 5 % Weighting** | |
| Your response goes here: | |

|  | **Capability and Capacity to Deliver** |  |
| --- | --- | --- |
|  | Outline the commitment of support you have gained from key stakeholders, which will enable you to act as an effective Lead Provider for the NTS. | |
| **Total 5 % Weighting** | | |
| *In your response attach by separate cover any letters of support, Memorandums of Understanding, or other collaborative agreements you have established as appendices to your response.* | | |
| Your response goes here: | | |
|  | It is expected that governance arrangements will include participation from the Ministry. Describe your preferred governance structure and arrangements, including proposed decision-making processes, accountability lines and escalation paths.   * Describe how clinical governance links with organisational governance. * Include organisational governance, clinical governance for both health and therapeutic services, and if these groups include representatives external to your organisation. * Describe the relationship and links with operational management. It may be useful to outline the key functions and mandates of each. * Describe how clinical governance from a health perspective will link in with clinical governance from a therapeutic perspective. * Describe how you will work with your partners and key stakeholders eg ambulance services, primary care and NGOs to develop the NTS to ensure it meets the needs of health providers as well as the NZ public. * Describe how you will manage risk and ensure quality. * Describe how this will support the delivery of the NTS Objectives. | |
| **Total 10 % Weighting** | | |
| *Your answer should:*   * *Describe your risk management process (both clinical and organisational) together with your incident management process.* * *Specify who from each organisation you would want on the governance board and what their title and decision making level is.* * *Describe how clinical, therapeutic and organisational governance will work.* * *Describe how you would ensure the participation of other key groups in the planning, implementation and monitoring of the NTS.* | | |
| Your response goes here: | | |

|  |  |
| --- | --- |
|  | Outline your organisation’s capacity and capability to deliver these services as a Lead Provider including:   * Suitability and availability of proposed personnel with the experience and expertise to deliver these services. * A suitable case study demonstrating your organisations experience in delivering projects of comparable or greater scale and complexity. * Describe the IT solutions you intend to implement to deliver on the requirements of Part 1, Schedule 1, Section 16. |
| **Total 5 % Weighting** | |
| Your response goes here: | |
|  | Outline your organisation’s operational model for the NTS. Outline how this model takes into account the current state and allows for continuous improvement to the future state of the NTS. |
| **Total 5 % Weighting** | |
| *Your answer should:*   * *Describe the process you would use to develop a roadmap for the future of the NTS together with relevant stakeholders and your governance group.* | |
| Your response goes here: | |

|  | **Cultural Alignment** |  |
| --- | --- | --- |
|  | Provide examples of how your organisation has demonstrated its ability to work strategically, collaboratively, across sectors and settings to achieve positive outcomes. | |
| **Total 5 % Weighting** | | |
| *Your answer should:*   * *Explain who the key stakeholders are, your existing relationships with them (or process for building new relationships), and the approach you would use to achieve their meaningful engagement and participation in the NTS.* * *Explain how you would support whole-of-sector engagement, leadership and participation in determining solutions.* | | |
| Your response goes here: | | |
|  | Demonstrate cultural capability to effectively collaborate with Māori, Asian and Pasifika and other population groups in New Zealand. | |
| **Total 5 % Weighting** | | |
| Your response goes here: | | |

|  | **Transition, Implementation and Risk Management** |  |
| --- | --- | --- |
|  | Outline your proposed implementation approach and timeline for when the NTS will be fully operational. Your answer should include the following aspects:   * Draft Project Initiation Document (PID) * High level schedule of activities including dates for the implementation of the NTS * Recruitment, training and workforce management * Communication with relevant stakeholders, including identification of these stakeholders * Contracts with other organisations if relevant to your proposed approach * Facilities and IT considerations * CVs of key staff (clinical and non-clinical) that will support the transition for the first 12 months of the agreement. | |
| **Total 15 % Weighting** | | |
| Your response goes here: | | |
|  | Describe your operational and clinical risk and incident management process. Your answer should include a draft risk register with the key risks you would mitigate during transition and implementation completed in the template provided. | |
| **Total 10 % Weighting** | | |
| Your response goes here: | | |
|  | Describe how you would assist the Ministry in maintaining continuity of service in the event of a current service provider being unable to maintain service provision. | |
| **Total 5 % Weighting** | | |
| Your response goes here: | | |

# Section D: Response to the Proposed Agreement

|  | **Contract of Engagement** |  |
| --- | --- | --- |
|  | Do you agree with all the terms, conditions and provisions set out in the proposed Agreement for Services attached in Part 1, Schedule 2 of the RFP | |
|  | If Yes complete the Declaration noting that you ‘agree’  If no complete the ‘Summary Of Non Acceptance’ table below and complete the Declaration | |

**Summary of Non-Acceptance**

The Supplier is to identify each clause or condition of the proposed Agreement for Services that the Supplier is unwilling or unable to agree to. In respect of each such clause or condition, the Supplier shall describe the limitation, condition or qualification of willingness or ability to agree.

Responses may be grouped together only if the issues with each are related or similar. Alternatively, Suppliers may wish to state their non-compliance against each clause.

| **Reference** | **Clause description** | **Comments** |
| --- | --- | --- |
|  |  |  |

[Add further lines as necessary]

**Note:** The Ministry expects that the Supplier will not, in any future agreement negotiation, seek to vary contractual terms contained in the Agreement for Services that is not referred to in this table. Any terms will only apply to any contract negotiated in respect of the RFP and not in any future contract which the Supplier may negotiate with the Ministry.

# Section E: Supplier’s Declaration

Each Supplier is required to complete the following Declaration. For joint or consortium Responses each of the joint suppliers or each of the suppliers in the consortium must complete a separate Declaration.

|  |  |  |
| --- | --- | --- |
| **Supplier’s Declaration** | | |
| **Topic** | **Requirement** | **Supplier’s declaration** |
| **RFP response:** | The Supplier has prepared this Response independently to supply the National Telehealth Service having consulted with any proposed partners. | **agree / disagree** |
| **RFP terms and conditions:** | The Supplier has read and fully understands this RFP, and the RFP Standard Terms and Conditions, and agrees to be bound by them. | **agree / disagree** |
| **Proposed Agreements for Services:** | The Supplier has read and fully understands the proposed Agreement for Services and agrees to the terms and conditions in the Agreement should it be successful in being awarded the contract for the NTS. | **agree / disagree** |
| **Collection of further information:** | The Supplier authorises the Ministry to:   1. collect any information about the Supplier, from any relevant third party, including a referee, or previous or existing client 2. refer to such information in the evaluation of the response.   The Supplier agrees that all such information will be confidential to the Ministry. | **agree / disagree** |
| **Conflict of Interest:** | The Supplier warrants that it does not have, or that it has declared to the Ministry in writing, any actual, potential or perceived conflict of interest in submitting this Proposal or in entering into a contract to deliver the National Telehealth Service. Where a conflict of interest arises during the RFP process the Supplier will report it immediately to the Ministry’s Contact Person. | **agree / disagree** |
| **Ethics:** | In submitting this Proposal the Supplier confirms the following:   1. it has not entered into any improper, illegal, collusive or anti-competitive arrangements with any competitor 2. its Proposal has not been prepared with consultation, communication, arrangement or understanding with any Competitor (other than for the joint venture, consortium or sub-contracting arrangements specified in its Proposal). 3. it has not directly or indirectly approached any representative of the Ministry or member of the Evaluation Panel to lobby or solicit information in relation to the RFP (other than the Ministry’s nominated Contact Person) 4. it has not attempted to influence, or provide any form of personal inducement, reward or benefit to any representative of the Ministry or member of the Evaluation Panel . | **agree / disagree** |
| **Declaration:** | The Supplier declares that in preparing this Proposal it:   1. has provided complete and accurate information in all parts of the Proposal, in all material respects 2. has secured all appropriate authorisations to submit this Proposal and is not aware of any impediments as to its ability to enter into a formal contract to deliver the National Telehealth Service should it be successful at the end of the procurement process.   The Supplier understands that should it be eventually successful in being awarded a contract with the Ministry then the falsification of information, supplying misleading information, suppression or non-provision of material information in relation to this RFP, or failure to declare any actual, potential or perceived conflict of interest, will be grounds for termination of the contract. | **agree / disagree** |
| **If, in completing this Declaration, you fail to indicate ‘agree’ or ‘disagree’ against any of the above statements you will be deemed to agree with each of these statements.** | | |
| **For any statement you have indicated you ‘disagree’, please explain why you disagree and how you would propose to address this issue in the space below.** | | |
|  | | |
| **DECLARATION**  **This Proposal has been approved and is signed by a representative of the Supplier who has the authority to do so. This representative is named below.**  **This representative declares that the particulars provided above and in the attached response documents are accurate, true and correct.** | | |
| **Signature:** |  | |
| **Full name:** |  | |
| **Title / position:** |  | |
| **Date:** |  | |

# Supplier’s Checklist

Make sure you include everything that is asked for in this RFP. Use this check list when finalising your Response.

|  |  |  |
| --- | --- | --- |
| **Things to be included with your response** | **Part 2** | **Electronic copy required** |
| 1. Profile of the Supplier | Section A | ✓ |
| 1. Referees | Section B | ✓ |
| 1. Proposal - Response to RFP | Section C | ✓ |
| 1. Response to the Proposed Agreement | Section D | ✓ |
| 1. Supplier’s Declaration | Section E | ✓ |