

Request for Proposal

Response Form

Shape

Whakatāne After Hours

**Submitted by:**   
[Respondent name]

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# Checklist for respondents

|  |  |
| --- | --- |
| A red and white sign  AI-generated content may be incorrect.  Respondent  tips | * Please use this Proposal Response Form when responding to our RFP. Please do not change the structure (section headings and sequence). * We have included Respondent tip boxes to help you understand what is required. * Please remove the grey highlighting before sending us your Proposal. * To select a checkbox, please double click on the correct response and select ‘checked’ as the default value to produce a selected box like this: . Please note that the grey highlighting cannot be removed from these checkboxes. |

|  |  |
| --- | --- |
| **Task** |  |
| All sections of the Proposal Response Form are completed and all statements are signed. |  |
| All ‘Respondent tips’ have been deleted from the Response Form. |  |
| The format and instructions in the RFP have been followed. |  |
| All information requested has been provided in full – no hyperlinks have been used. |  |
| All documents have been submitted electronically before the Deadline for Proposals. |  |
| All documents requested have been provided and no additional documentation has been provided. |  |

# SECTION 1: Respondent Profile

## Point of Contact

|  |  |
| --- | --- |
| Item | Detail |
| Contact person | [Name of person responsible for communicating with the EBPHA on behalf of the Respondent or Joint Respondents] |
| Position | [Job title or position] |
| Phone number | [Landline] |
| Mobile number | [Mobile] |
| Email address | [Work email] |

## Organisation overview

|  |  |
| --- | --- |
| A red and white sign  AI-generated content may be incorrect.  Respondent tips | * This section requesting core organisational information must be completed by all Respondents. * The questions seek contextual information about your organisation. This information helps the EBPHA to understand your organisation and can be taken into account during the selection process. * If any of the matters are not applicable, please write ‘N/A’ in the space provided. |

## Core Organisational Information

|  |  |
| --- | --- |
| Trading name | [Insert the name that you do business under] |
| Full legal name | [Insert the full legal name of your organisation, or your full legal name if you are a sole trader] |
| Physical address | [If more than one office, put the address of your office or where services would be delivered from] |
| Postal address | [For example a PO Box address] |
| Registered office | [If you have a registered office, insert the address here] |
| Website | [Insert business website address] |
| Type of entity (legal status) | [Sole trader/partnership/limited liability company or other entity/other - please specify] |
| Registration number | [If your organisation has a registration number, insert it here - for example, the NZBN company registration number] |
| Country of tax residence | [Insert country where you (if you are a sole trader) or your organisation is resident for tax purposes] |
| GST number | [Insert if you are registered for Goods and Services Tax in New Zealand] |
| Insurance policies and cover limits | [For example, public liability insurance, indemnity insurance attach certificates] |
| Compliance with Health & Disability Services Act | YES/NO |
| ACC Accredited | YES/NO |

# SECTION 2: Response to the RFP Requirements

|  |  |
| --- | --- |
| A red and white sign  AI-generated content may be incorrect.  Respondent  tips | * This section requests information on your proposed model of care for Whakatāne After Hours using the service specifications provided by the RFP. * Here you are asked to answer questions relating to the evaluation criteria. Your answers will be evaluated. Aim to give answers that are relevant, concise and comprehensive. * Take the weightings into account when deciding how much detail to include. * If you have made any assumptions about the requirements or delivery, clearly state the assumption. |

## Proposed Service Model for Whakatāne After Hours

**Weighting 30%**

## Overview

|  |
| --- |
| Please provide a overview of your proposed service model; include a project plan with clear timeframes, anticipated levels of engagement, expected outcomes, how you will know if this initiative is successful and any other relevant information, include the steps you will take if your initiative is not working as you anticipated.  This provides an introduction for the EBPHA; however, please ensure you provide all relevant detail requested in the following sections. |
| [Insert] |

## Hours

|  |  |
| --- | --- |
| Proposed Opening Hours | [must meet RFP requirements} |

## Facilities/Location

|  |  |  |
| --- | --- | --- |
| Facility Address: |  | |
| Meets accessibility & safety standards: | Yes | No |
| Facilities overview: | | |
| [Describe briefly] | | |

## Timeframe and Implementation

|  |  |
| --- | --- |
| What project structure and resources will you put in place to project manage the implementation of the new services across participating sites and providers?  Highlight how your proposed structure and resources will enable you to coordinate across multiple participating sites and providers. | |
| [Insert] | |
| Please provide a proposed project plan for the development and implementation of the pilot, including high level milestones, achievable timelines and resources. | |
| **Timeline** | **Actions** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## PMS and Integration

|  |  |  |
| --- | --- | --- |
| Digital Tools & Integration | | |
| Patient Management System: | [e.g. Indici, Evolution] | |
| Integration with: | Yes | No |
| HealthPathways |  |  |
| HealthLink |  |  |
| ePrescribing/eLabs |  |  |
| Telehealth Support |  |  |

## Staffing Capacity and Workforce

**Weighting 20%**

## Workforce

|  |  |  |
| --- | --- | --- |
| Staffing Mix | FTE | Notes |
| GPs/Nurse Practitioners |  |  |
| Nurses |  |  |
| Admin/Reception |  |  |
| Kaiawhina |  |  |

## Capacity

|  |
| --- |
| Describe your ability to staff the clinic reliably. Detail the source of the workforce (existing staff or new recruits) and your plans to build workforce capability and support retention. Detail your roster plan, and training approach. |
| [Insert] |
| What is your planned approach to recruitment in order to commence each component of services within the time frame you have indicated? What recruitment-related risks have you identified and how do you plan to manage them? |
| [Insert] |

|  |
| --- |
| Describe your contingency plan for staff absences or surges in demand |
| [Insert] |
| What provision have you made for clinical and cultural leadership and support for practitioners to deliver services that align with the requirements set out in this RFP? |
| [Insert] |

## Equity and Priority Populations and Cultural Practices

**Weighting 20%**

|  |
| --- |
| How will you ensure this solution addresses the needs of, and is acceptable to, the priority populations described in the RFP? How will you ensure you address the needs of other groups who experience inequities (for example refugee and migrant groups)  In what way will your solution address inequity for Māori?  How will you ensure you address the needs of disabled peoples/tāngata whaikaha Māori and other disabled groups? (Vision / hearing/ mobility) |
| [Insert Respondent answer] |

|  |  |  |
| --- | --- | --- |
| Please provide examples of how staff will be trained in cultural safety and cultural competency including how your staff are recognising and respecting the cultural identities of others, and safely meeting their needs, expectations and rights, contributing to the achievement of positive health outcomes and experiences.  Cultural competence is having the attitudes, skills and knowledge needed to achieve cultural safety.  **Te Tiriti o Waitangi Commitment:** Explain how your organisation honours Te Tiriti in service delivery and carry out cultural safety practices: | | |
| [Insert Respondent answer] | | |
| Interpreter services and accessible materials provided: Yes/No | Yes | No |

## Experience and Performance

**Weighting 10%**

|  |
| --- |
| Provide examples of the relevant experience that will give EBPHA confidence you can complete all aspects of successfully delivering this type of service to the standard required on time and within budget. |
| [Insert] |
| Describe how you will ensure seamless delivery across the key components of the service despite organisational boundaries. |
| [Insert] |
| Details on past delivery of After Hours or urgent care services if relevant |
| [Insert] |
| Existing contracts with Te Whatu Ora, PHOs, or ACC if relevant |
| [Insert] |
| Examples of successful initiatives implemented or recognised performance relevant to meeting the needs of priority populations or addressing access issues. |
| [Insert] |

1. **Collaboration and Innovation**

**Weighting 10%**

|  |
| --- |
| List how other health and social services are likely to be involved with people using this service and how you plan to ensure your team members work closely with them when appropriate. |
| [Insert] |
| List any innovations or initiatives which could enhance service delivery and improve hauora outcomes |
| [Insert] |
| State any Named partners or formal agreements with shared delivery. |
| [Insert] |

1. **Clinical Governance & Quality**

**Weighting 5%**

## Audit and accreditations

|  |  |  |
| --- | --- | --- |
| Have you been audited by a New Zealand government agency or other external auditor within the last 12 months? | Yes | No |
| [If yes, please provide a brief overview of the nature of the audit (e.g, financial or performance based), the organisation or agency that conducted the audit, and a brief explanation of the outcome (or write ‘N/A’)] | | |
| Do you currently hold any other relevant formal accreditations or meet any other formal regulatory or other standards which may provide external verification of your organisational strength or ability to deliver? | | |
| [If yes, please name the accreditation held or standard met] | | |

|  |  |  |
| --- | --- | --- |
| Please identify whether your organisation has the following in place.  We may request copies at any time. | Yes | No |
| A health and safety policy and formal staff health and safety training |  |  |
| Incident Reporting |  |  |
| Infection Control |  |  |
| Cold Chain |  |  |
| A business continuity plan |  |  |
| A health information privacy policy |  |  |
| A Whānau Voice & Feedback |  |  |
| Complaints policy and formal investigation process |  |  |
| [Please provide any additional relevant information about the policies held here (optional)] | | |
|  | | |

## Other Requirements

|  |  |  |
| --- | --- | --- |
| Respondents confirm that they will: | Met | |
| Participate in any evaluation of the proposed service | Yes | No |
| Develop a mechanism (or use an EBPHA-commissioned mechanism) for capturing key performance data | Yes | No |
| Report on NHI-based information about service delivery (data set to be determined) | Yes | No |
| Participate in national and regional shared learning and improvement, including sharing performance information | Yes | No |

## RFP Pre-conditions

|  |  |  |  |
| --- | --- | --- | --- |
|  | Each Proposal must meet the following pre-conditions. | Met | |
| 1. | **Location:** Must be located in Whakatāne. | Yes | No |
| 2. | **Clinical Governance Framework**  Up to date Policies:  Incident reporting  Infection control  Patient confidentiality (Privacy Act 2020 / Health Information Privacy Code)  Complaints and feedback management  Systems for Auditing, Incident reporting | Yes | No |
| 3. | **Data Access:** Digital, Privacy and Health and Disability Compliance  Please confirm that you fully understand data access digital, privacy and disability compliance requirements and that you have the necessary capacity and capability to fully meet the requirements. | Yes | No |
| 4. | **Patient Management System**  The proposed service must have approved access to PMS and meet requirements for data security / privacy:  Integrated Shared Patient Electronic Records  Access to available shared electronic health records | Yes | No |
| 5. | **Facilities**  Must be able to commence mid-November 2025 with facilities meeting safety and clinical standards. | Yes | No |

# SECTION 3: Pricing Schedule

**Weighting 5%**

The Pricing Schedule must show a breakdown of all costs including any set-up costs, direct costs, staffing and operational costs and approximate FTE needed.

## Price Costing

|  |  |  |
| --- | --- | --- |
| Item | Sub Total (Excl. GST) | Proposed FTE |
| Revenue (Co-payment / ACC estimates) |  |  |
| Set up costs |  |  |
| Staffing Costs |  |  |
| Operating Expenses |  |  |
| Other Direct Costs (please specify) |  |  |
| Total |  |  |

## Co-payments and ACC Processes

|  |
| --- |
| Please state the process for collecting Co-payments and ACC claims from patients and how you will mitigrate any issues. |
| [Please detail yopur proposed process and any relevant information |

## Other financial considerations

|  |
| --- |
| Please include any other financial considerations or additional financial information for the proposed model e.g. Community Services Card users, transport to ED, working with Pharmacy providers |
| [Please list any relevant finacial information here] |

## Assumptions

|  |
| --- |
| Please state any assumptions that you have made in preparing your Proposal.  Where you have made assumptions in relation to your pricing or financial information, please provide these in the RFP Pricing Template. |
| [Please list any assumptions here] |

## Risks

|  |
| --- |
| Please provide an overview of any risks which arise from your solution and how the risks identified will be mitigated. |
| [Please list any risks here] |

# 

# SECTION 4: Respondent’s Confirmation Statements

## Due Diligence and Conflict of Interest

|  |  |
| --- | --- |
| **A red and white sign  AI-generated content may be incorrect.**  **Respondent tips** | * Please complete this disclosure statement to assist with the EBPHA’s due diligence processes. * If you are submitting a Joint Proposal, each Respondent must complete a separate copy of this confirmation statement. Please copy and paste the tables. * If you intend to use a separate legal entity to contract with us directly (such as a subsidiary company of your organisation), you must complete a copy of the tables in this section for each of those legal entities, in addition to completing the tables for each Respondent. |

|  |  |  |
| --- | --- | --- |
| **Due diligence disclosure statement in respect of:** [insert Respondent name] | | |
| Have you or any related party (such as a parent company, subsidiary, other entity with substantially the same ownership and/or personnel, person with beneficial ownership or control, director, trustee, officer or senior staff member, or key subcontractor in relation to your Proposal) been subject to any investigations, sanctions, penalties, proceedings or claims within the last five years, including any that are ongoing or contemplated? | Yes | No |
| Are you aware of any other past, current, contemplated or threatened matter that may represent a risk to the EBPHA, including (but not limited to):   * matters that reflect upon your professional integrity, or affect our trust and confidence in your competence or professionalism * matters which may affect or reflect upon your ability to successfully deliver the Requirements without disruption. | Yes | No |

|  |
| --- |
| Please clearly detail any disclosures and mitigration. |
| [Please detail here] |

## Conflict of Interest disclosure statement

|  |  |
| --- | --- |
| **A red and white sign  AI-generated content may be incorrect.**  **Respondent tips** | * Please complete the following Conflict of Interest disclosure statement. * If you are submitting a Joint Proposal, each Respondent must complete a separate copy of this confirmation statement. Please copy and paste the tables. * If you intend to use a separate legal entity to contract with us directly (such as a subsidiary company of your organisation), you must complete a copy of the tables in this section for each of those legal entities, in addition to completing the tables for each Respondent. |

|  |  |  |
| --- | --- | --- |
| Respondent name: [insert Respondent name] | | |
| A Conflict of Interest arises if a Respondent’s personal or business interests or obligations could be perceived to conflict with its obligations to the EBPHA under the RFP or in the anticipated provision of the goods or services. It means the Respondent’s independence, objectivity or impartiality can be called into question.  A Conflict of Interest may be:   * actual: where the conflict currently exists * potential: where the conflict is about to happen or could happen, or * perceived: where other people may reasonably think that a person is compromised.   Are you aware of any matters which may give rise to an actual, potential or perceived conflict of interest in submitting this Proposal, or entering into a Contract to deliver the Requirements? | Yes | No |

|  |
| --- |
| Please clearly detail any conflict of interests and mitigration. |
| [Please detail here] |

## Confirmation Statements

|  |  |  |
| --- | --- | --- |
| **RFP Process** | I have read and fully understand this RFP |  |
| **Collection of further information:** | I authorise the EBPHA to:   1. collect any information about me/us, except commercially sensitive pricing information, from any relevant party, including a referee, or previous or existing client 2. use such information in the evaluation of this Proposal.   I agree that all such information will be confidential to the EBPHA. |  |
| **Requirements:** | I have read and fully understand the nature and extent of the EBPHA’s Requirements described in Sections 2 to 4 of this RFP. I/we confirm that I/we have the necessary capacity and capability to fully meet or exceed the Requirements and will be available to deliver throughout the relevant Contract period. |  |
| **Ethics:** | In submitting this Proposal, I warrant that I:   1. have not entered into any improper, illegal, collusive or anti-competitive arrangements with any Competitor 2. have not directly or indirectly approached any representative of the EBPHA (other than the Point of Contact) to lobby or solicit information in relation to the RFP 3. have not attempted to influence, or provide any form of personal inducement, reward or benefit to any representative of the EBPHA. |  |
| **Offer Validity Period:** | I confirm that this Proposal, including the price, remains open for acceptance for the Offer Validity Period. |  |
| Content confirmation:In submitting the Proposal and this confirmation statement, I confirm the following:  a. All information provided is true, accurate, complete and not misleading in any material respect. I will also immediately notify the EBPHA of any relevant or material changes to any aspect of this Proposal, including any of the statements, during the course of this procurement process.  b. The submission and the EBPHA’s use of the Proposal in accordance with this RFP will not breach a third party’s rights (for example, in relation to Intellectual Property rights).  c. I have secured appropriate authorisations to submit this Proposal, to make the statements and to provide the information in the Proposal and I am/we are not aware of any impediments to enter into a Contract to deliver the Requirements.  I understand that the falsification of information, supply of misleading information or suppression of material information in the Proposal, including any statement, may result in the Proposal being eliminated from further participation in the RFP process and may be grounds for termination of any Contract awarded as a result of the RFP. | |  |
| Due diligence:  I agree that the EBPHA may ask Respondents to provide evidence to support due diligence at any time during this procurement, and that failure to provide the requested information without reasonable justification may lead to a Proposal being excluded. | |  |

|  |  |  |
| --- | --- | --- |
| Authorisation and Signature By signing this confirmation statement, the I confirm that I have been authorised by the Respondent to make this confirmation on its behalf. | |  |
| Representative signature: | [Insert signature (may be electronic)] | |
| Full name: | [Insert] | |
| Title/position: | [Insert title. Please also indicate the organisation’s name if submitting a Joint Response. | |
| Date: | [Insert] | |