



Australian Government

Department of Health

## Invitation to Apply

to

## supply PBS Medicines and NDSS Products

in accordance with the Community Service Obligation (CSO) Funding Pool and National Diabetes Services Scheme (NDSS)

**Reference: CSO Application E16-4341**

# SCHEDULE 1

# APPLICANT RESPONSE

# SCHEDULE

**Enquiry Cut-off Date:** 2pm, 27 October 2016 (local time in Canberra, ACT)

**Application Closing Time:** 2pm, 3 November 2016 (local time in Canberra, ACT)

**IMPORTANT:**

- To receive any updates/changes or clarifications to this ITA, register your interest as described in Part 1, clause 4 of the ITA
- Lodge your Application electronically to [cso.application@health.gov.au](mailto:cso.application@health.gov.au)
- Lodge well **before** the Closing Time to minimise the possibility of any unforeseen circumstances arising that may cause the Applicant to miss the Closing Time.

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## **SCHEDULE 1 -APPLICANT RESPONSE SCHEDULE**

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### **1.1 Overview/Information**

- 1.1.1 The following sections contain the information that requires responses from Applicants. As described in more detail in the ITA the information takes the following format:
- a) Eligibility Requirements (which includes legislative and format requirements);
  - b) Information and Compliance Requirements (corporate information and policy compliance); and
  - c) Service Requirements (information about the Applicant’s capacity, and capability in relation to the Services, including an assessment of any risks in the Applicant’s service delivery solution and management)
- 1.1.2 Applicants should take care to read and follow all of the instructions in this schedule to ensure that they comply with the requirements and do not risk omission or failure to respond as required.
- 1.1.3 The Department requires that Applicants:
- a) copy the electronic version of this Applicant’s Response Schedule; and
  - b) interleave its responses into the appropriate places provided using an alternate colour font for ease of reading.

## **2 REGISTRATION OF INTEREST**

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### **2.1 Details**

- 2.1.1 All potential Applicants must register interest in responding to this ITA. This is to ensure all potential applicants receive any updates/changes or clarifications to the ITA issued by the Department.
- 2.1.2 Register by email to:  
Email: [csso.application@health.gov.au](mailto:csso.application@health.gov.au)
- 2.1.3 The email must provide the following details:
- a. Organisation Name;
  - b. Contact Name;
  - c. Contact Email Address;
  - d. Contact Phone number;
  - e. Additional Contact Name; and
  - f. Additional Contact Email Address.

### 3 ELIGIBILITY REQUIREMENTS

#### 3.1 Eligibility Requirements

3.1.1 Applicants are reminded that the following Eligibility Requirements are **mandatory** requirements that Applicants must meet for their Application to be considered. Any omission of information or failure to meet an Eligibility Requirement by an Applicant could, at the Department’s absolute discretion, result in the Application being removed from consideration.

| Item | Eligibility Requirements  |
|------|---|
| 1    | Applicants must not have had any judicial decisions against it (excluding decisions under appeal) relating to employee entitlements and have not paid the claim. Your response required at Statement A, Clause 5. |
| 2    | Applicants must comply with all Commonwealth policy. Your response required in Statement E.   |
| 3    | Applicants must have the legal and financial abilities to fulfil the requirements of the application. Your response required at Statement A, Clause 4 and Statement E.  |
| 4    | Applicants must be fully compliant with the CSO Operational Guidelines provided at Schedule 3 of the ITA. Your response required below.   |

**Applicant’s Response:** (Boxes should be expanded to fit your responses.)

Provide a statement confirming that you are fully compliant with the CSO Operational Guidelines issued by the Commonwealth, as amended and approved by the Commonwealth from time to time.

#### 3.2 Format Requirements

3.2.1 It is **mandatory** that Applicants ensure that their Application meets the following Format Requirements:

| Item | Minimum Content and Format Requirements  |
|------|--|
| 1    | The Application, including all attachments and supporting material must be in English and measurements must be expressed in Australian legal units of measurement. |
| 2    | The Application must include a completed Declaration by Applicant as provided at Attachment E.   |
| 3    | Submission of the Application is in accordance with the lodgement procedures set out in the ITA.   |

## **4 INFORMATION AND COMPLIANCE REQUIREMENTS**

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### **4.1 Instructions for Completing Statements**

4.1.1 Applicants must complete the relevant parts of each of the following Statements, and any attachments to them, and return each of these documents with their Application response:

Statement A: National or State Based Nomination

Statement B: Applicant Information and Corporate Profile

Statement C: Addenda Receipts

Statement D: Compliance with Draft Deed

Statement E: Declaration by Applicant

4.1.2 Applicants are reminded that the Statements will be assessed for business and operational risk based on the information provided within them. Any omission or failure to return any one of these Statements could result in the Department removing the Application from further consideration.

4.1.3 Where there is insufficient space provided in any of the Statements, Applicants should expand the provided boxes or lines to enable the inclusion of as much information as possible to the Statements to which they relate.

**Statement A: National or State Based Nomination**

- 1.1 CSO Distributors **cannot** access both the national and state based CSO Funding Pools simultaneously. This applies to any entities engaged by the CSO Distributor, as a subcontractor or otherwise, in connection with the Deed.
- 1.2 Applicants should clearly state for which CSO Funding Pool they are submitting an Application:

| National or State-based Nominations |        |  |
|-------------------------------------|--------|--|
| National                            | Yes/No | <i>If yes, do not complete state based nominations</i> |
|                                     |        |  |
| ACT                                 | Yes/No |  |
| NSW                                 | Yes/No |  |
| VIC                                 | Yes/No |  |
| QLD                                 | Yes/No |  |
| SA                                  | Yes/No |  |
| WA                                  | Yes/No |  |
| TAS                                 | Yes/No |  |
| NT                                  | Yes/No |  |

**Statement B: Applicant Information and Corporate Profile**

- 1.3 Applicants should complete all details in the following table nominating the Single Business Entity that will enter into and be held accountable for meeting the obligations under the Deed:

| Applicant details   |  |                          |    |                          |
|---|--|--------------------------|----|--------------------------|
| Business or Trading Name  |  |                          |    |                          |
| Full Legal Name of Applicant  |  |                          |    |                          |
| Entity type (e.g. company, sole trader, incorporated association, statutory authority, partnership, trustee on behalf of a trust or other (as specified)) |  |                          |    |                          |
| ABN (if applicable)   |  |                          |    |                          |
| Is the Applicant registered for GST?  | Yes  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ACN (if applicable)   |  |                          |    |                          |
| Details of principal place of business / head office  | <i>[Please include street address, telephone, fax]</i> |                          |    |                          |
| Date and place of incorporation or registration of business (if applicable)   |  |                          |    |                          |

| <b>Nominated Contact details</b> |  |
|----------------------------------|--|
| Surname                          |  |
| First name                       |  |
| Position                         |  |
| Telephone number                 |  |
| Facsimile number                 |  |
| Mobile phone number              |  |
| Email address                    |  |
| Postal address                   |  |

**2. Insurance**

2.1 Applicants should have, or be prepared to obtain if engaged, for so long as any obligations remain in connection with the Deed, the following levels of insurance in place (refer to the attached Deed clauses referring to insurance and indemnity):

- a. appropriate workers compensation insurance, as required by Law;
- b. public liability insurance and products liability insurance on an occurrence basis for an insured amount of not less than \$20 million per occurrence; or
- c. public liability insurance and products liability insurance of \$20 million in the aggregate where there is a right to reinstate \$20million following a claim; and
- d. professional liability or errors and omissions insurance for an insured amount of not less than \$10 million for each and every Loss.

| <b>Insurance details</b>                                       |  |
|--|--|
| <b><i>Public liability insurance</i></b>                       |  |
| Name of insurer  |  |
| Policy number  |  |
| Expiry date  |  |
| Amount of current cover  |  |
| <b><i>Professional indemnity insurance (if applicable)</i></b> |  |
| Name of insurer  |  |
| Policy number  |  |
| Expiry date  |  |
| Amount of current cover  |  |
| <b><i>Workers' compensation insurance</i></b>                  |  |
| Name of insurer  |  |
| Policy number  |  |
| Expiry date  |  |

**3. Subcontractors**

- 3.1 Applicants should complete the following table identifying any entities that the Single Business Entity will use, such as sub-contractors to provide logistic or transport services, to ensure the obligations of the Deed are met.
- 3.2 Distributors must remain completely responsible for the performance of the subcontractor against all relevant CSO Deed Obligations for which the subcontractor is being engaged.

**Note: Insert additional tables or provide details as an attachment, as required**

| <b>Subcontractor 1</b>   |  |
|--|--|
| Business or Trading Name   |  |
| Full Legal Name of legal entity  |  |
| Entity type (e.g. company, sole trader, other (as specified))                                  |  |
| ABN  |  |
| ACN (if applicable)  |  |
| Details of principal place of business / head office   |  |
| Details of the part(s) of the Services which are proposed to be delivered by the Subcontractor |  |

| <b>Subcontractor 2</b>   |  |
|--|--|
| Business or Trading Name   |  |
| Full Legal Name of legal entity  |  |
| Entity type (e.g. company, sole trader, other (as specified))                                  |  |
| ABN  |  |
| ACN (if applicable)  |  |
| Details of principal place of business / head office   |  |
| Details of the part(s) of the Services which are proposed to be delivered by the Subcontractor |  |

**4. Applicant Financial Viability**

- 4.1 Applicants should provide a summary of their financial viability.
- 4.2 This may include data from or for a financial analysis of its operations including profitability, liquidity, insolvency, bankruptcy actions, working capital management efficiency, financial structure, debt coverage and return on investment.
- 4.3 The Department may also request further information and undertake its own independent enquiries and assessment in relation to the Applicant’s financial viability.

**Applicant’s Response:**

**5. Actions or Investigations**

- 5.1 Applicants should provide particulars of any petition, claim, action, judgement or decision that is likely to adversely affect its capacity to provide the Services.
- 5.2 Applicants should provide details of whether or not they are aware that they are under investigation, or the subject of court proceedings, in relation to a possible or actual breach of any relevant legislation, and if applicable, provide details of the same.

**Applicant’s Response:**

**6. Personnel**

- 6.1 Applicants should provide details of the primary personnel who will be responsible for the supply of the Services in the Table below.

| Name of Personnel | Role in the provision of the Services | Qualification / Experience |
|-------------------|---------------------------------------|----------------------------|
|                   |                                       |                            |
|                   |                                       |                            |

**7. Referees**

- 7.1 Applicants must nominate at least one referee who can attest to the performance of the Applicant, within the last 3 years, in the provision of similar services. The referee’s name and full contact details, including email address, are to be provided. Applicants should note that referees could be contacted for supporting statements.
- 7.2 Applicants may provide contacts within the Department as referees. However, where a Department contact is involved in assessing Applicants or advising the assessment team they will be unable to provide a reference, in which case the Department may ask the Applicant to provide details of an alternate referee.
- 7.3 The Department reserves the right to contact persons other than those provided as referees by Applicants.

| Referee 1            |  |
|----------------------|--|
| Name                 |  |
| Title                |  |
| Name of organisation |  |
| Email address        |  |
| Contact no.          |  |

**Statement C: Receipt of Addenda issued**

1.1 Applicants should acknowledge receipt of any addenda that were issued in relation to this ITA (include nil response).

**Acknowledgment of Receipt**

| <b>Addendum Number</b> | <b>Date of Receipt of Addendum</b> |
|------------------------|------------------------------------|
|                        |                                    |
|                        |                                    |
|                        |                                    |
|                        |                                    |
|                        |                                    |

**Statement D: Compliance with Deed of Agreement and Confidentiality**

**2. Compliance with Draft Deed**

- 2.1 Where the Applicant wishes to negotiate any provisions of the Draft Deed provided at Schedule 2 to this ITA, it should include in the Table below.
- 2.2 Details to be included are:
  - (a) the provision that it wishes to negotiate;
  - (b) the alternative words that it proposes; and
  - (c) any effect on Service Delivery and associated risks.
- 2.3 The Department will consider any non-compliances or partial compliances in its assessment of other risks.
- 2.4 If Applicants do not submit a response to this Schedule they will be assessed on the basis that they agree with all the provisions of the Draft Deed.
- 2.5 The Department, in its absolute discretion, may make decisions with regard to permitting an Applicant to re-open any provision of the Draft Deed in negotiations that was not identified as an area of non-compliance or partial compliance in this Application.

| Deed Reference | Nature of Compliance | Reasons for non-compliance or partial compliance |
|----------------|----------------------|--|
|                |                      |  |
|                |                      |  |

**3. Confidential Information**

- 3.1 The Applicant should specify any information which is contained in its Application, or which may be provided by it during this ITA process, that it considers should be protected as Confidential Information by the Department in respect of any resulting contractual arrangement. Applicants should also provide appropriate reasons why any such information should be protected as Confidential Information.
- 3.2 For further detail about what information may be protected by the Commonwealth as Confidential Information, see the Department of Finance’s [Guidance on Confidentiality](#) website.

| Proposed Confidential Information (refer to ITA or Schedule clause) | Reason why this information should be protected as Confidential Information |
|---|---|
|   |   |
|   |   |

**Statement E: Declaration by Applicant**

Applicants must complete and sign the declaration set out below and submit the declaration as part of its Application.

**DECLARATION BY APPLICANT**

I, ..... make the following declaration on behalf of  
of

..... (the Applicant):

I am duly authorised to make this declaration.

I am duly authorised to sign for and on behalf of the Applicant.

I make this declaration on behalf of the Applicant and on behalf of myself.

**1. Definitions**

1.1 In this declaration terms have the same meaning as in the Invitation to Apply for access to the Community Service Obligation Funding pool and for the delivery of NDSS distribution service.

**2. Offer and Change of Circumstance**

2.1 The Applicant offers to supply the Services described in this ITA on the conditions set out in this ITA. The Applicant undertakes not to withdraw, vary or otherwise compromise this offer for a period of no less than six months from the Closing Time.

2.2 The Applicant undertakes to promptly notify the Department of any change, after submission of its Application, to the basis upon which it will have access to the necessary skills or resources, or corporate or financial backing, to supply the Services.

**3. Applicant's Conduct**

3.1 The Applicant declares that this Application:

- (a) does not contain any false or misleading claim or statement;
- (b) has been compiled without the Applicant:
  - (i) engaging in unethical, improper or unlawful conduct;
  - (ii) violating any applicable laws or Commonwealth policies, regarding the offering of inducements;
  - (iii) communicating with or soliciting information from any Department employee (or contractor) or ex-employee (or ex-contractor) other than the Contact Officer;
  - (iv) obtaining improper assistance from any Commonwealth employee or using information obtained unlawfully or in breach of an obligation of confidentiality to the Commonwealth;
  - (v) contravening any clause of this ITA; or

(vi) otherwise acting in an unethical or improper manner or contrary to any law.

3.2 The Applicant warrants that it has not attempted and will not attempt, through its officers, employees or agents, to influence improperly any officer or employee of the Department in connection with the assessment of the Application.

3.3 The Applicant warrants that it has complied with all relevant laws and with Commonwealth policy, in preparing and lodging its Application.

#### **4. Conflict of Interest**

[Note to Applicants: Strike through whichever option does not apply.]

4.1 The Applicant represents and declares that, having made all reasonable enquiries; it does not have any known actual or potential conflicts of interest concerning itself or a related entity in respect of this ITA, other than those specified below.

OR

4.2 The Applicant

(a) represents that, having made all reasonable enquiries, the following represents its only known actual or potential conflicts of interest in respect of this ITA:

[Insert details]

(b) advises that it proposes to manage the disclosed conflict of interest in the following ways:

[insert details]

#### **5. Further representations**

5.1 The Applicant makes the following further representations to the Department:

(a) it is authorised to sell and/or support all products required in the performance of the Services relating to this ITA;

(b) it has examined this ITA, all documents referred to in this ITA and all other information made available to it and all applicable legislation and policies;

(c) it has examined all further information which is obtainable by making reasonable enquiries relevant to the risks, contingencies and other circumstances having an effect on its Application;

(d) it has satisfied itself as to the correctness and sufficiency of its Application; and

(e) it has accepted and has fully complied with the provisions of this ITA.

#### **6. Acknowledgements**

6.1 The Applicant acknowledges that:

(a) the Department may exercise any of its rights set out in this ITA, at any time;

(b) the statements, opinions, projections, forecasts or other information contained in this ITA may change;

(c) this ITA is a summary only of the Department's requirements and is not intended to be a comprehensive description of it; and

(d) except as required by law and only to the extent so required, neither the Department, nor its respective officers, employees, advisers or agents will in any way be liable to

any person or body for any loss, damage, cost or expense of any nature arising in any way out of or in connection with any representations, opinions, projections, forecasts or other statements, actual or implied, contained in or omitted from this ITA.

**7. Corporate capacity**

7.1 The Applicant confirms that:

- (a) it has the capacity to respond to this ITA;
- (b) there are no restrictions under any relevant law to prevent it from so responding;
- (c) it is financially viable; and
- (d) the Applicant:
  - (i) being a corporation – is not under one of the forms of external administration referred to in chapter 5 of the *Corporations Act 2001* (Cth) and has not had an order made against it for the purpose of placing it under external administration; or
  - (ii) being an individual – is not bankrupt and has not entered into a scheme of arrangement with creditors.

**8. Security, probity and financial checks**

8.1 The Applicant:

- (a) consents to the Department performing (and will procure all necessary consents to enable the Department to perform) such security, probity and financial investigations and procedures as the Department may determine are necessary in relation to the Applicant, any consortium member, their employees, officers, partners, associates, subcontractors or related entities; and
- (b) agrees to provide at its cost, all reasonable assistance to the Department and its nominees in this regard.

**Signature of person making the  
declaration:**

**Date:**

**Printed Full Name and Position of  
Signatory:**

**Signature of Witness:**

**Printed Full Name and Position of Witness:**

## 5 SERVICE REQUIREMENTS

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**Existing Distributors must demonstrate their capacity against the service requirements from 1 January 2017. New Distributors must demonstrate their capacity from 1 January 2017 or where this capacity does not exist, how they will establish this capacity during the Transition Period from 1 January 2017 to 1 April 2017.**

### 5.1 Licences

- 5.1.1 Provide a list of current licence/s and certificate/s for all warehouses and distribution centres that will be used by the Applicant to meet the CSO Service Standards.

**Applicant's Response.** Please be detailed with your response. (Boxes should be expanded to fit your responses.)

### 5.2 Past Performance

- 5.2.1 To assess capability to deliver the Services, Applicants should provide details of similar services provided within the last three years (if any). In addressing this requirement, Applicants should include:

- a) the organisation(s) or parties for whom the services were undertaken;
- b) the nature of the services and the outcomes achieved by the Applicant; and
- c) the period over which the services were provided.

**Applicant's Response.**

### 5.3 Service Delivery and Management

- 5.3.1 Applicants should provide the following information:

- a) whether the Applicant can meet all of the Service requirements as set out in the Statement of Requirement;
- b) details of how they intend to undertake the Services – including reference to the procedures, staffing, equipment and facilities, if applicable, to be utilised in the delivery of the Services; and
- c) how the Services will be managed and controlled by the Applicant.

**Applicant's Response.**

**5.4 Single Point of Contact**

- 5.4.1 Provide a statement to confirm the Applicant’s commitment to provide a single contact point for Distribution Points (community pharmacies and access points) within their CSO Jurisdiction for ordering purposes and to receive information or resolve any queries in relation to the Applicant’s supply arrangements for CSO Products.

**Applicant’s Response.**

**5.5 Quality of CSO Products**

- 5.5.1 Provide a comprehensive statement documenting the entire infrastructure that the Applicant will use, from the time of commencing operation as a Distributor, to supply CSO Products. This statement must include details of all:
- a) warehouse(s);
  - b) distribution centre(s);
  - c) transport logistics, including storage requirements; and
  - d) any other relevant infrastructure.

**Applicant’s Response.**

**5.6 Supply any Community Pharmacy and /or Access Point**

- 5.6.1 Provide a detailed description of the Applicant’s distribution network, or proposed distribution network, which will demonstrate the Applicant’s capacity to supply CSO Products to all Distribution Points within their CSO Jurisdiction. If an Applicant is unable to provide a description of their distribution network, they must demonstrate how they intend to establish and maintain a distribution network.

**Applicant’s Response.**

- 5.6.2 Provide a statement demonstrating capacity to supply CSO Products to Community Pharmacies located in Rural and Remote Locations either immediately (in the case of existing Distributors) or by the end of the Transition Period (in the case of new Distributors).

**Applicant’s Response.**

## **5.7 Supply any CSO Product**

- 5.7.1 Provide details confirming that the Applicant has current contracts in place, or will have contracts established during the Transition Period, that enable them to supply any CSO product.

**Applicant's Response.**

- 5.7.2 Provide details confirming that the Applicant will be able to supply any CSO Product, where requested, to community pharmacies within their CSO Jurisdiction either immediately (in the case of existing Distributors) or by the end of the Transition Period (in the case of new Distributors).

**Applicant's Response.**

- 5.7.3 Provide a statement to confirm that the Applicant will, from the time of commencing operation, supply any brand of any CSO Product, where requested, to Distribution Points.

**Applicant's Response.**

## **5.8 Stocking Requirement for CSO Products**

- 5.8.1 Provide a statement to confirm that the Applicant will hold Stock in its warehouses or distribution centres of at least one Brand of every CSO Product. The statement should also confirm that for multi-Branded PBS Medicines, the Applicant will hold Stock of at least one Innovator Brand and one additional Brand which is Benchmark Priced

**Applicant's Response.**

## **5.9 Timely Supply**

- 5.9.1 Provide details demonstrating the Applicants capacity and commitment to supply to any Distribution Point within the Guarantee Supply period ie:
- a) PBS Medicines within 72 hours (for products listed in the High Volume List) or 24 hours (for all other PBS Medicines) of the regular order cut off time.
  - b) NDSS Products within 24 hours of the regular order cut off time.

**Applicant's Response.**

**5.10 Pricing: PBS Medicines**

- 5.10.1 Provide a statement to confirm the Applicant's compliance to supply PBS Medicines at or below the Price to Pharmacists, or Claimed Price plus the Wholesale Mark-up.

**Applicant's Response.**

**5.11 Pricing: NDSS Products**

- 5.11.1 Provide a statement to confirm the Applicant's compliance to supply any NDSS Product at no cost to the Access Point.

**Applicant's Response.**

- 5.11.2 Provide details of any existing or proposed commercial fees of an accounting nature which the Applicant charges Distribution Points.

**Applicant's Response.**

**5.12 Daily Delivery**

- 5.12.1 Provide details indicating the Applicant will make available a daily delivery service for those CSO Products, including those in the High Volume list, to any Distribution Point within their CSO Jurisdiction as part of their standard service delivery infrastructure.

**Applicant's Response.**

**5.13 Rural and Remote**

- 5.13.1 Provide details indicating the Applicant's capacity to supply CSO Products to any Distribution Point in Rural and Remote locations, including single units, when requested.

**Applicant's Response.**

**5.14 Low Volume**

5.14.1 Demonstrate the Applicant’s capacity and commitment to supplying any brand of Low Volume PBS Medicine, including single units when requested, within 24 hours from the regular cut-off time.

**Applicant’s Response.**

**5.15 Electronic data management systems**

5.15.1 Provide details of the Applicant’s existing data management and sales tracking systems, and the capacity to maintain these to an appropriate standard; or details of any new systems to be developed.

**Applicant’s Response.**

**5.16 Reporting and Evaluation**

5.16.1 Applicants should set out in their response:

- a) details of how the performance standards for the Services will be maintained, monitored and reported to CSO Administration Agency or the Department; and
- b) how the Applicant will respond to requests from the CSO Administration Agency or the Department for performance related information.

**Applicant’s Response.**

**5.17 Business Continuity Plan**

5.17.1 CSO Distributors must have, maintain and adhere to a Business Continuity Plan (BCP) that caters for extenuating or exceptional circumstances that may impact upon the Distributors’ operations and compliance with any of their obligations under this Deed, including the CSO Compliance Requirements and Service Standards. Please outline your BCP in the area below.

**Applicant’s Response.**

**5.18 Risk Management**

5.18.1 Applicants should set out their risk management systems currently in place or proposed. The response should cover:

- a) the key issues and risks relevant to the provision of the Services; and
- b) the Applicant's suggested approach/mitigation to the issues and risks.

**Applicant's Response.**