

Post Industry Briefing Questions & Answers

#	Questions	Answers
Q1	We are about to release a new product. From our understanding of the information provided we would be unable to add our product to the tender as it is still pending TGA approval, and is unlikely to receive approval in time for our tender response. Product launch is anticipated in August 2019. We do have an existing product, however we are concerned that if award of a category was dived by access point (e.g femoral / radial) then we could potentially miss out on the opportunity of launching a more technologically	Please review page 23 "Government procurement policies – Therapeutic Goods" of the Invitation to Supply, Request for Tender document. It states: Unless exempted, and if so then subject to the details of any such exemption, all therapeutic goods offered must be included on the Australian Register of Therapeutic Goods at the Closing Date and Time
Q2	Will FFR/IFR, IVUS or Coronary Drug coated balloons (DCB) would be included in this Tender.	Not at this stage no.
Q3	What is the definition of 'standard' vs 'advanced' catheters?	Standard refers to the products used in non complex EP procedure, advanced refers to the products in the more complex EP procedures
Q4	How will contact vs non-contact and irrigated vs non-irrigated catheters be addressed within the SoR?	We will be comparing these products like for like.
Q1	How will the EP capital component be addressed?	The EP capital component is not being addressed in this tender
Q2	How will EP capital service & maintenance costs be addressed?	The EP capital component and therefore service & maintenance is not being addressed in this tender
Q3	How will the capital accessories be addressed?	Capital Accessories are not being addressed in this tender
Q4	What will happen to the existing Service Level Agreements (SLA's) currently in place with public hospitals for EP consumables once this Tender category goes live? Will they be superseded, or continue?	Dependant on how the current SLAs have been put in place, either the existing SLA run its course or the health service will switch.
Q1	How will HPV communicate to hospitals on the status of EP related SLAs with Suppliers?	SLAs are between each individual health service and supplier. HPV does not manage the SLAs at this level however do request to see them.
Q2	How will you compare the pricing of implantable devices (e.g. a pacemaker) between suppliers where one company may have a device which requires no lead at all?	The value offer of a product will be considered as a whole. HPV will provide an additional column for suppliers to clarify potential different benefits offered
Q3	How will you compare the pricing of implantable devices such as a defibrillators between suppliers where one company may have a defibrillator can provide diagnostic capabilities which would otherwise require an additional lead and higher cost device to be implanted.	
Q4	Cardiac devices are high cost to serve products. How will you effectively compare the service delivered between suppliers to ensure you are comparing effectively for the pricing submitted?	If this question relates to decoupling of product and service, whilst we have investigated this possibility we have decided not to proceed.
Q1	Value Adds: clarification on how to submit? Restrictions and format please	Value adds such as service and training etc. should be addressed in the technical envelope on the HPV procurement Portal.
Q2	Is bulk purchasing a consideration as part of this Tender?	No

Q3	In the Supplier Briefing you mentioned that products which were 'sole supplier would not be listed'. Can you please clarify.	Our preference is to have 2 or more suppliers per category for procurement rigour.
Q4	Cardiac devices are often implanted prior to the provision of a Purchase Order due to the nature of the case and its management within the hospital. Will there be any provisions in this Tender to address the significant delays in receiving Purchase Orders?	This is a contract management issue to be resolved at health service/supplier level. Where necessary, issues can be escalated to HPV for assistance in resolving.
Q1	What is the service level included in tender price? (Definition of "service") a) Specifically in relation to service for implantable CRM devices – Pacemakers, ICD's and CRT, and EP mapping cases. b) Business vs after hours service definition?	Pricing is inclusive of all service as per current state.
Q2	What is included in the remote monitoring service? (Definition of "remote monitoring service" in the tender)	Please refer to "Invitation to Supply Request for Tender" document, Category 19.
Q3	Regarding "on going management cost" for remote patient monitoring, how will it be operated? a) Is there provision for separation of remote monitoring hardware and remote monitoring service as individual product lines? b) Is there any volume or service level agreement?	
Q4	Is there any volume or service level agreement? a) Is it an open scope for suppliers and individual hospital to discuss or are there any rules to follow? b) Is there provision for SLA's to include a market share or volume commitment for specific product categories based on the level of service required by the individual Hospital?	A) SLA post award are negotiated directly with health services and supplier to compliment the agreement but cannot be in contradiction. B) No
Q1	Is there a section fluoroless EP catheters can be included? We classifies our ICE catheters in Diagnostic catheter category but could you please confirm it will be same classification in HPV tender?	Please review the full list of categories and subcategories on page 82 of the Invitation to Supply, Request for Tender document. It is the Respondent's responsibility to ensure that each product is submitted in the most appropriate subcategory.
Q2	Is there a service provision for EP mapping cases in addition to consumables? It becomes more and more important and is a sustainable way in the pricing reduction environment for suppliers to provide same service level	