Request for Bid
Reference NDOH 07-2018/2019
Questions for Clarification

Can GP anesthetists registered with the HPSCA be used?
IT IS NOT CLEAR WHAT IS BEING REFERRED TO HERE SO IT IS DIFFICULT TO ANSWER THE QUESTION.

How will the medico-legal liability for private specialists operating in public facilities be addressed?
THIS WILL BE ADDRESSED IN THE CONTRACT.

Please confirm that the conditional grant total budget amounts included in the PowerPoint presentation during the briefing session are annual amounts and not the full amount for the 30 month period of the tenders.
THE AMOUNTS IN THE POWERPOINT SLIDE RELATE TO THE FINANCIAL YEAR 2018/19.

Please provide the reference price list and detailed programmatic service targets for each component of the service, broken down by geographic area, as referred to in section 14.1 (page 55 of 64 of the Invitation to bid). In this respect, it would be most helpful if the following specific information can be provided for each of the five elements of the tender:
THE reference price reimbursement list will be developed with the contracted supplier.

a. Mental Health Services: Please indicate the number of outstanding forensic evaluations that needs to be done per Psychiatric facility, as well as the prisons where patients awaiting beds in psychiatric facilities are.
   This information will be provided to the contracted supplier

b. High Risk Pregnancy Management: Please indicate which facilities will be targeted for the interventions to address high risk pregnancies.
   This information will be provided to the contracted supplier

c. Radiation Oncology Backlog Services: On page 48 of 64, the Bid document states that a team of specialists from the public sector (called NTOTE) will provide clinical oversight and governance of the programme. Will NTOTE do the actual prioritisation of patients for radiotherapy in accordance with this tender, or will they provide guidelines and criteria for prioritisation? Who must prioritise patients for therapy in terms of this tender?
   Guidelines and criteria will be provided for patients that require treatment.

Cataract Surgery: Please provide the names and location of the public facilities that have been selected for cataract surgery, and please indicate the expected number of cases at each of the facilities.
The number of cases per facility will be provided to the contracted supplier.

Please indicate whether the Department will accept liability for professional services rendered in terms of this tender to protect professionals providing care to government patients in accordance with the tender. This is particularly important in respect of the High Risk Pregnancy Management elements, but is also relevant for other services.
The reimbursement rate is a function of negotiation with providers and would include the matter of liability.

Under the School Health Services component of NDOH 07 2018-2019 (page 13) it is stated “Development of a database of learners identified as having sight, hearing and dental problems during screening in quintile 1 and 2 schools (this will be provided by the National Department of Health):"

YES

Is the Department able to share the list (name, province and location within specified province) of the quintile 1 and 2 schools that will be targeted for provision of the School Health Services?

This will be provided to the contracted supplier.

Please could the NDoH share with us the geo-locations (or addresses) of the mental health facilities (clinics and hospitals) that form part of the 34 districts to be covered under the mental health service delivery for this tender. Alternatively, please confirm that the potential CCSP can depend on the Health Systems Trust information in this regard.

This will be provided to the contracted supplier

Do you have a preference for how a ‘unit’ should be defined in the Pricing Excel spreadsheet in the context of each service area and in the combined pricing table, or do you leave it open to the discretion of bidders to define (e.g. in terms of specific activities)?

Suggest you provide a definition of the unit you have contemplated.

In case you have a preference for unit definitions, what are the volumes you anticipate for each of these specific units per geography?

See above

Are you comfortable with the CCSP recovering its fixed expenses on a fixed-amount-per-month pricing basis per service area (and/or per geography per service area), or should all pricing be activity based or on a per-unit basis (assuming there is a preference for unit definitions)? Pricing structure is a decision the bidder must make.

Radiology Oncology Backlog services

Service delivery model 1: In-facility service

1. FACILITY AND EQUIPMENT: It is assumed that the radiation facility and equipment will be adequate and functional when this service delivery model is chosen. What will happen in the event that the facility and / or equipment become non-functional during the 30 months contract?

This will be negotiated in the SLA.

2. SUPPORTING STAFF REQUIREMENTS: Whose responsibility is it to ensure that the supporting staff numbers and qualifications will be adequate for radiation therapy at
the public sector facility? **THE PROVINCIAL DEPARTMENT WILL BE RESPONSIBLE** Will the staffing requirements be in line with known standards e.g. radiation therapists (2 per patient) and nuclear physicist (1 per area). **THIS WOULD BE BASED ON PROVINCIAL DEPARTMENT CURRENT STAFFING.** Will there be oncology nurses and oncology pharmacists? What is the process for the private sector specialists in the event that support staffing requirements become inadequate during the 30months contract? **THIS CAN BE ADDRESSED IN THE SLA.** Will there be opportunity for the CCSP to contract with and provide services of supporting staff? **THIS WILL BE A MATTER FOR NEGOTIATION**

3. **ROLE CLARIFICATION:** In the event of an academic hospital, will the private sector specialists be expected to fulfill a teaching role? **NO** And if so, will there be supporting staff e.g. registrars?

Service delivery model 2: Out-of-facility service

1. **CT PLANNING:** It is noted that the treatment options include one session for CT planning.

   For service delivery model 2, please confirm if the planning will be done by the public sector specialists in line with NTOTE guidelines OR by the private sector specialists? If it is done by the public sector specialists, will it be aligned to the planning software of the private sector equipment?

   **THIS WILL BE NEGOTIATED WITH THE RELEVANT PROVIDER.**

2. **SUPPORTING STAFF:**

   a. Please confirm who will be responsible to provide the support staff e.g. radiation therapists, nursing staff, nuclear physicist?

   **THIS WILL BE NEGOTIATED WITH THE RELEVANT PROVIDER.**

   b. If the support staff is to be provided by the private sector, please confirm that the pricing for service delivery model 2 will include not only the use of the facility and equipment, but also the payment for supporting staff members.

   **THE PRICING MODEL SHOULD INCLUDE THE ASSUMPTIONS ABOUT SERVICES TO BE PROVIDED AND A COST BREAKDOWN WHERE POSSIBLE**

3. **USE OF PRIVATE SECTOR FACILITIES AND EQUIPMENT:**

   a. Will the agreement include insurance for the use of the equipment by non-private sector specialists? If yes, who will be responsible for the insurance premiums?

   **PRICE QUOTED SHOULD CLEARLY INDICATE THE ASSUMPTIONS INCLUDED IN THE COSTING**

   b. Will the pricing be based on machine hours or the number of treatment session?

   **PRICE QUOTED SHOULD CLEARLY INDICATE THE ASSUMPTIONS INCLUDED IN THE COSTING**
4. **MEDICINES AND CONSUMABLES:**

   a. Please confirm that the NDoH and partnership with the specific Provincial DoH will be responsible to provide the medicine as well as consumables required for radiation oncology treatment service delivery model 2.

   YES

**Service delivery model 3: Total patient management**

1. **TREATMENT PROTOCOLS:**

   a. It is understood that the treatment protocols will be determined by the NTOTE. If the treatment plans based on staging is different than that used in the private sector, will the private specialists be required to do the treatments according to the state protocols? YES An example is the use of hypofractionated radiation therapy used in certain public healthcare facilities but not used widely in the private sector

2. **CT PLANNING:**

   a. Please confirm that the planning will be done by the private sector specialists so it can be aligned to their planning software. YES UNLESS THERE IS AN ALTERANTIVE AGREEMENT.

3. **MEDICINES AND CONSUMABLES:**

   a. Please confirm that medicines will be provided by the public sector? YES

   b. Who will be responsible for provide the consumables? Will this be included in the pricing for service delivery model 3? The public sector

4. **PRICING:**

   a. Is the CCSP expected to provide the multidisciplinary team for radiation treatment? Will this be included in the pricing? The pricing schedule should include the assumption made

   b. Please confirm that the pricing includes the

   i. Use of the facility

   ii. Use of the equipment

   iii. Service fee for radiation oncologists

   iv. Service fees for support staff such as nursing staff and technical specialists?
It is noted that there is no radiation oncology currently reported from CMJAH. What will happen in the event that the estimated backlog is much more than 500 patients? Will there be an opportunity to contract and subsequently invoice for more services than treatment for 500 patients?

*The pricing schedule should include the assumption made*

Mental Health section – is possible to provide us with the prison names where the services need to be rendered.

*This will be provided to the contracted supplier*