Appointment of Clinical Care Service Provider (CCSP) to support the implementation of NHI priority programmes relating to (Mental Health Services; High Risk Pregnancy Management; Cataract Surgical Services; Radiation Oncology backlog Services and School Health Service).

RESPONSES TO QUESTIONS FROM BIDDERS

SECTION A: GENERAL QUERIES

1. This contract is stipulated for a period of 30 months.
   a. Does this period include the preparation time for putting contracts and treatment protocols into place;
      30 months is from the date of signing of the contract between the NDOH and the bidder.
   b. What is the intention after 30 months;
      The contract for a CCSP is based on fact that the NHI Bill has not been passed and as such the NHI FUND can only be established upon Parliament passing the Bill. The use of a CCSP is to allow the NDOH to effectively establish an interim Fund and mechanism to begin purchasing services for the vulnerable populations identified.
   c. Will the incumbent be eligible to tender again?
      If there is a follow-up call for bids at the end of the 30-month period, yes. However, should a preferred bidder have their contract terminated due to lack or poor performance, and should the bidder become “black-listed” by National Treasury’s OCPO then they will not be eligible.
   d. What are CSSP responsibilities during the 4 month winding down period; and should the bid include this cost;
      The winding down period is a period wherein any late claims or outstanding/unresolved matters relating to payments or reconciliation is dealt with. It will also be a process of handover to the NDOH relating to data and information generated during the contract period.
   e. What will happen to this contract if the NHI Fund is registered during this period?
      The NDOH will facilitate the transition of the contract with the NHI Fund for the outstanding period of the contract, under the original terms agreed upon.

2 Are contracts for consumables and drugs already in place for the 30 month period?
For services identified in the bid documentation, the NDOH has contracts in place for medicines. For consumables the NDOH will facilitate access with Provincial Medical Depots, once the sites outside the Public sector has been finalized.

3 What will be the process of ensuring access to these?
Once the bidder is registered on the Central Supplier Database of Treasury, the CSD number will be used to register the bidder to access supply from relevant medical depots.
4 Is any private sector procurement of consumables and drugs envisaged?

NO

5 A monthly report on specific performance indicators as will be agreed with NDoH needs to be provided. Please provide an indication of what is involved in the performance indicators – in order to understand the cost implications?

The reporting requirements are per the scope of work in each programmatic area.

6 There is a requirement to attend mandatory quarterly meetings with all provincial health departments to understand and plan the service needs and failure to attend may result in the cancellation of the contract.

YES

7 What is the expectation with respect to who will attend these meetings (types of skills for the attendees);

Individuals attending the meetings must be well versed with the project, and can provide updates on progress and deal with any questions from with the National, Provincial Departments of Health or technical expert committees such as in the case of Oncology component and where necessary be able to take decisions on behalf of the bidder.

8 Is the requirement that the same individuals attend each meeting?

Preferably, however, as long as the issues in the response to Q7 can be addressed it is not mandatory that the same person can attend. It should be noted that the lack of continuity might influence timely intervention or action when necessary.

9 Will this meetings be held at a central venue or will the CCSP be expected to travel to the various provinces?

Meetings will be held at the NDOH whenever possible. Should there be a difficulty in securing a suitable meeting room at the NDOH, the meeting might be held at an outside venue in Tshwane.

10 In terms of the contractual relationships other than between the NDoH and CCSP.

a. Will provincial commitment be secured;

only the NDOH and the CCSP will be signatories to the contract. The responsibilities of the Provinces is listed in the Conditional Grant Framework, which can be found in the 2018/19 Division of Revenue Bill on pages 161 and 162.


b. Is there an SLA between CCSP and individual facilities;

There is no SLA at present, however, the NDOH envisages that different SLA will need to be developed in relation to the services rendered.

c. If the CCSP signs contracts with health care professionals, to reimburse at a rate agreed with NDoH, is the NDoH a co-signatory?

NO
11 At the Tender briefing reference was made to governance committees for each project – will these meetings be additional to the quarterly review meetings?

NO

12 The Tender briefing also referred to provincial coordinators – will these be based at provincial offices, district offices, or at individual facilities?

Provincial Coordinators will be facilitators on behalf of the responsibilities of Provincial Health Departments as per the Conditional Grant Framework (as referred to above) and will be the representatives at the quarterly meetings.

13 There is a requirement for the CCSP IT system to interface with the NDoH HPRS – when will the specific data requirements be provided to enable us to assess the costs of building the interface to this system?

The NDOH and the CSIR will work directly with those bidders who are short-listed to assess the intra-operability of systems and the associated needs of once-off system developments.

14 The documentation refers to a reference price list that will be provided by NDoH – is this developed in consultation with healthcare professionals? Does it represent a guideline tariff or a maximum tariff?

YES

15 Is clinical care coordination (case management) at facility level considered part of the administration fee? Are there any other services considered part of “care coordination”?

The type of Clinical Care Coordination or case management required differs between the services. Bidders are directed to the requirements of the different programmes. As such, a one-size model does not apply. To enable the CCSP to be effectively and to ensure that the patient receives the best possible care, bidders are requested to detail their approach without being constrained by a single specification.

16 Who manages the interface between ongoing patients and “backlog” patients at the same facility? Does this imply separate queuing and waiting areas?

Details of Patients already screened and deemed to be awaiting care is being collated by the NDOH and respective Provincial Health Departments. Only patients listed as awaiting treatment/care will be deemed as backlog. The service specific Standard Operating Procedures which will be captured in the SLA will detail the processes as to how patients will be channeled.

17 If any patient complaints arise, are these channeled and managed through state channels? The CCSP must make provision to receive any complaints. The procedure for handling complaints and addressing complaints will be specified in the SLA with the CCSP.

18 Should a CCSP not fulfil the SLA conditions, what are the types and magnitude of penalties that may be applied?

The General Conditions of Contract as well as 17.2 of the special conditions of contract, which specify the procedure for poor or non-performance. Repeated and/or failure to redress shortcomings may result in termination of the contract with costs associated with the process of appointing an alternative supplier
19 Who will own the IP for administration protocols, systems and databases developed?  
In this respect, Bidders attention is drawn to 17.2.7, 17.2.8 and 17.2.9 of the special conditions of contract.

20 The contract requires the CCSP to have liquidity requirements to fund payments to private health care providers.  
a. What evidence of such liquidity is required?  
As per the bid requirement, bidders are required to provide a bank rating letter attesting to their financial stability.

b. What will be the process of reimbursement of healthcare provider invoices paid i.e. is there an assessment process and hence risk that all provider payments made will not be reimbursed?  
This will be subject to negotiation and agreement with each selected bidder, should more than one bidder be selected.

c. Will the winning CCSP/s be able to recover their interest costs incurred in the costs of financing services for up to 90 days before payment is received?  
All valid invoices must be paid with 30 days of receipt. Bidders attention is drawn in this respect to The Public Finance Management Act, the National Treasury Circular of 31st of May 2010 and Instruction Note 34 of November 2011. The recovery of interest due to non-compliance is determined by the Minister of Finance and published on the National Treasury Web-site.

21 The original tender advertisement indicated that bidders must be accredited administrators with the CMS?  
Is this still the case? If not, what criteria must bidders meet in order to qualify as a bidder?  
A potential bidder who does not have accreditation with the CMS is not automatically excluded. To be considered as a Bidder, compliance with Section A of the Bid document and Section 17.3 of Section B of the Special Conditions.

22. Please confirm that there will be no payment by the Clinical Care Service Provider to any Government facilities for the rendering of any services by Government facilities.  
YES

23. Please indicate whether any healthcare professionals employed by Government facilities will be allowed to render and charge for professional services under RWOPS arrangements for this tender.  
Healthcare professionals in the employ of the Government will be allowed to render services but cannot charge for such services.

24. The Bid document checklist on page 55 of 64 of the bid document refers to item “PBD7: Compulsory briefing session attendance certificate (if applicable).” Please confirm that certificates were not issued during the briefing session but that a register was signed by all attendees.  
Please note that the Department will be using the attendance register to validate the compliance to the briefing session attendance and thus we will not be using the stated
briefing session certificate. Copy of the briefing session attendance register will be uploaded on the department website.

25. Pending the availability of the information referred to above, it might not be feasible to present a sensible bid to the Department by the 16th of July. We therefore request that the deadline is postponed in order to ensure that the Department is presented with meaningful and sustainable bids that would support the attainment of Universal Health Coverage.

Please note that the closing date of the bid has been extended to now close on the 24 August 2018, it is against this background that the last date for all bid inquiries related to this bid is now the 08 August 2018 and the department will respond to all questions by the 17 August 2018.

SECTION B: PROJECT SPECIFIC QUERIES

High Risk Pregnancy Management
1 When and where will the details of the 11 regional facilities identified be published?
The NDOH reserves the right to amend the list of designated facilities, depending on priority and need. However, following list is indicative of the sites in each provinces
   - Lower Umfolozi War Memorial Hospital (KZN)
   - Mahikeng Provincial Hospital (NW)
   - Bongani Hospital (FS)
   - Dora Nginza Hospital (EC)
   - Thelle Mogoerane Regional Hospital (GP)
   - Worcester Hospital (WC)
   - Letaba Hospital (LP)
   - Mapulaneng Hospital (MP)
   - Dr Harry Surtie Hospital (NC)

2 Whose responsibility is it to identify patients for the programme?
The NDOH in partnership with the Province

3 Whose responsibility is it to address equipment and human resource (e.g. theater nurse) gaps?
The NDOH in partnership with the Province. Bidders attention is drawn to the responsibilities of the CCSP in terms of section 11.2.3 of the Special Conditions of Contract. In addition, the CCSP should bring to the attention of the NDOH immediately should there be non-conformity to requirements as specified in Annexure 1 of The National Maternity Guidelines (which can be found at http://www.health.gov.za/index.php/2014-03-17-09-09-38/policies-and-guidelines/category/230-2015p)

4 Can private specialists attend to patients in their rooms or must all services be rendered at the public facility?
Bidders attention is drawn to the responsibilities of the CCSP in terms of section 11.2.3 of the Special Conditions of Contract. Services will be rendered to patients identified at designated facilities. Whilst it is preferably for all components of services to be rendered at the designated facility, the CCSP may proposed and substantiate the need for alternative arrangements.

5 Should GPs be available at both primary level and regional level; and can consultations be at GP's rooms? Bidders attention is drawn to the responsibilities of the CCSP in terms of section 11.2.3 of the Special Conditions of Contract.

6 Can GP anesthetists registered with the HPSCA be used? Response pending and will be provided on or before the 17 August 2018, which is the last day of providing answers to all valid bid inquiries.

7 What alternative options are available should there be an equipment breakdown or other facility-related challenge at a participating regional hospital during the 30 month period? This will be subject to negotiation and agreement with each selected bidder and included in the SLA entered into with the CCSP, should more than one bidder be selected.

8 How will the medico-legal liability for private specialists operating in public facilities be addressed? Response pending and will be provided on or before the 17 August 2018, which is the last day of providing answers to all valid bid inquiries.

9 Whose responsibility to confirm HPCSA authorization for teams to work as multi-disciplinary teams? The NDOH

10. Definition of high risk pregnancies, what guidelines are the DOH utilizing to determine/classify a high risk pregnancy


11. Rough estimation of numbers concerned (does the Department have indicative figures of the number of patients that are expected to be covered at each of the identified hospitals as needing high risk pregnancy care or management)? Projections not currently available, will work on a baseline figure.

12. Is there a database of ophthalmologists that the NDOH will use for this programme or the CCSP will be expected to identify and contract them? The CCSP is expected to identify specialist (ophthalmologist) and contract them.
13. Is the CCSP only responsible for contracting service providers in the private sector? Will the use of state doctors be the sole responsibility of the public sector?

Yes, the CCSP will contract service providers in the private sector. Specialists in the public sector will continue offering services in the public sector.

14. Regarding the development of alternative reimbursement models (ARMs), the tender indicates that the CCSP should reimbursement models with the NDOH. does this require technical impact calculations and/or actuarial input?

Yes, however, this is a responsibility of the NDOH.

Radiation Oncology Backlog Services

1 How will the service delineation between backlog and current patients work?
Details of Patients already screened and deemed to be awaiting care is being collated by the NDOH and respective Provincial Health Departments. Only patients listed as awaiting treatment/care will be deemed as backlog. The service specific Standard Operating Procedures which will be captured in the SLA will detail the processes as to how patients will be channeled.

2 NTOTE patient prioritization and clinical governance – how will the practical implementation and interface work with (a) contracted health professionals (b) CCSP (c) project committee / provincial coordinator?
The terms of Reference and appointment of the NTOTE is pending and will be shared once approved by the Minister of Health

3 At whose cost does the NTOTE operate?
NDOH

4 Three models of care provision are specified – will it be possible to switch between these as required during the contract period?
The reasons/need for switching will need to be substantiated and approval obtained in writing from the NDOH. In the interests of patient care, the details of the process and response period will be detailed the SLA, including what the CCSP should do in cases on not receiving timely responses from the NDOH

5 Will office space be allocated to the CCSP in the 4 identified hospitals?
Space required by the CCSP to undertake its activities will be made available

6 The Performance Management Committee includes state employees – is the CCSP responsible for all operational costs of the monthly meetings? How many such Committees are envisaged?
NO the NTOTE will have its own operating budget
7 Is there an NTOTE representative on the Performance Management Committee?
YES

8 What documents must be submitted monthly (apart from invoices); and how often must outcomes be reported upon?
Bidders attention is drawn to the responsibilities of the CCSP in terms of section 13.3.8 of the Special Conditions of Contract.

9 This project requires more extensive patient interaction – what communication channels are preferred?
This will be subject to negotiation and agreement with each selected bidder and included in the SLA entered into with the CCSP, should more than one bidder be selected

**School Health Services**

1 How up to date is the database of children already assessed and what is the process to update this? For example, children may have moved to other schools and there may be new children in the schools identified.
The NDOH will be responsible for the CCSP receiving the most relevant and up to date information.

2 Will an indication of the location of the children identified be provided?
YES

3 How will individual providers access the pooled procurement resources?
In addition to the responses to question 2 and 3 in Section A above, the details of accessing resources, will be specified in the SLA.

4 At which location will the identified children will be assessed – facility, school or private rooms?
Combination of School and Private Rooms where appropriate and necessary, mobile health services.

5 What is the location for oral health services?
Private Rooms or mobile health services

6 Who is responsible for coordinating parental consent, suitable times, and scholar transportation where necessary? At whose cost?
The NDOH in collaboration with the Department of Basic Education

7 Is there an interface through which to track services received by learners referred into public health system?
Yes

8 Private health professionals to be contracted only where public health professionals are not available – what verification is needed for this?
The CCSP will engage with the NDOH regarding contracted professionals to determine their status of employment in the public service.
9 Has consideration been given to the availability of mobile health services as a cost effective option?
Yes, the NDOH will welcome proposals from the bidders on appropriate models for the delivery of care.

10 What are the expected time and location requirements for meetings of the Joint Project Committee?
Unless otherwise specified all meetings related to this contract will be held at the NDOH. Time and duration of meeting will be based on the agenda and specific issues that need to be covered and cannot be specified at this time.

11 The reporting requirements include reporting on “procurement of assistive devices and consumables”. Since this procurement is done centrally, does this refer only to a utilization report?
YES

Cataract Surgery

1 When will the identified hospitals be provided?

2 Have equipment and staffing assessments been done at these hospitals?
Facilities have been selected based on set criteria. An assessment was done to identify the resource gaps, and the main issues raised were shortages of consumables and in a few facilities equipment shortages. Part of the grant is supposed to cover procurement of both consumable and equipment. NDoH can share the assessment results.

3 Would the use of private ophthalmology/day surgery centers be permitted, particularly where the designated state facilities have equipment supply deficits?
YES this was addressed in the compulsory briefing session

4 Who will make the call regarding the availability of public ophthalmologists?
The NDOH

5 Can GP anaesthetists registered with the HPSCA be used?
Response pending and will be provided on or before the 17 August 2018, which is the last day of providing answers to all valid bid inquiries.

MENTAL HEALTH

1. Can the Department please provide us with the names and location of the 29 Selected Districts?

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2. Please can you confirm whether the expectation under the Mental Health project is that psychiatrists must visit prison facilities to do forensic evaluations (or is the intention that patients will be transported to the providers practice?) The same question applies to non-forensic patients.

Specialists will be required to conduct prison visits and will be contracted to conduct assessment, counselling and treatment at district health facilities.

3. On the mental health services, should there be scripts given by the psychiatrist/psychologists should these be collected from the government dispensaries?

YES

4. Would the successful candidate be given access to the system in order to establish if medication has been dispensed to the patients in order to review compliance with the protocols?

YES