

**Minutes of Roundtable on Dialysis PPP project held on
12/01/2013 at 11.00 AM, H&FW Department, GNCTD**

1. A roundtable discussion on Dialysis PPP project was held on 12/01/2013 at 11.00 AM in Department of Health & Family Welfare, Delhi Secretariat, New Delhi. The roundtable was chaired by Secretary (H&FW), Sh. S.C.L. Das and attended by Spl. Secretary, Sh. S.B. Shashank; OSD (Health), Dr. Sanjay Agrawal from the Department of Health & Family Welfare, GNCTD alongwith following members of the Technical Committee:

- a) Dr. O.P. Kalra, Principal UCMS
- b) Dr. R.S. Ahlawat, Professor Medicine, MAMC
- c) Dr. D. Bhowmik, Addl. Prof. Nephrology department, AIIMS
- d) Dr. Rajeev Kohli, I/C Dialysis Unit, LNH
- e) Dr. Himanshu S. Mahapatra, Associate Professor, RML Hospital

Other participants in this session were legal consultant M/S Chitale & Chitale Partners and shortlisted prospective bidders (attendance sheet annexed).

2. The roundtable was aimed at getting suggestions/feedback from contractual, commercial and legal points of view from the participants, in an open and transparent manner, at a common platform.
3. A brief of roundtable discussions as well as follow up action is given below:
- (i) The participants were welcomed, following which the Secretary (H&FW) highlighted the importance of this project and emphasized the commitment of GNCTD, for its early & successful implementation, for the larger public benefit.

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- (ii) The shortlisted prospective bidders were invited to offer their queries & suggestions on the discussion paper, already provided to them, under the following heads - i) RFP ii) Concessionaire Agreement iii) Technical schedule. They were also encouraged to send their suggestions via email in a given format by 15/01/2013.
- (iii) Points of queries & suggestions of the participative bidders were noted. This was followed by a meeting with the members of the Technical Committee. The identified hospitals were visited by the Technical Committee on 15/01/2013 to assess site preparedness. In this regard, another meeting was held on 17/01/2013 with the technical experts, to finalize the response to suggestions & RFP. Suggestions from the shortlisted prospective bidders along with the considered response of Department of H&FW GNCTD is enclosed at Annexure I.
4. It is clarified that the response of the Department at this stage is indicative or interim only and the final response will be as per the RFP issued and subsequent amendments in response to the pre-bid meeting or otherwise as per the terms of the RFP / Concession agreement. The Department will not be liable for any change in response later on.
5. This issues with the approval of Secretary (H&FW), GNCTD.

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OSD (Health)
H&FW, GNCTD

Annexure - I

S. No.	Suggestions	Response
1)	The space, power and water supply may be provided by the Government free of charge.	The space will be provided by the Govt. for use by concessionaire on right to use basis for the purposes of the agreement free of charge. The concessionaire will have to bear the cost of water/power used by the dialysis center, as per tariff charged by utility provider from time to time and metered use.
2)	Special Purpose Vehicle may be required for consortium, however sole bidders having incorporated entity in India may be allowed to enter into agreement without creating a new company as it may add to the cost of the private service provider.	Agreed, provided that the said entity has not already entered into a PPP arrangement with/in another state. The operations in NCT of Delhi will need to be insulated from similar operation in other state(s).
3)	Water backup arrangements in case of water failure may be made by the Government or Private partner may be allowed to dig bore well.	The bore well water will be provided by the hospital, subject to approvals and availability. In cases there is water failure in the hospital, the backup as available to the hospital, will be extended to the dialysis centre subject to the availability of water to meet the demand.
4)	The development period may be excluded from the concession period of 7 years.	The development period shall be excluded from the concession period. The concession period shall start from the date of issue of Development Completion certificate and will be for a period of 7 years. However, development period will not exceed 3 months from award.

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5)	Proper access to the proposed site, arrangement for power, water, space etc may be ensured before handing over the site, so that the site is ready for possession at the earliest on handover.	The readiness of the identified sites will be ensured as per the provisions of RFP/CA before handing them over to the concessionaire. The concessionaire shall be required to take over the possession of the site within time prescribed from the date of communication by the government as per terms of RFP.
6)	Adequate space, for Reverse Osmosis plant, outside the center, may be considered wherever it is not feasible to install RO plant within the dialysis facility.	Adequate space for the RO plant and other non core areas will be provided at separate locations wherever required.
7)	Nephrologist may not be required to be physically present for a minimum of 4 hours and the Nephrologist may be allowed to be on call. Further the nephrologist may be allowed to see his private OPD patients in the Dialysis centers.	To ensure that quality care is provided to the hemodialysis patients the nephrologist is required to be physically available for atleast 4 hours in each centre and further be on call round the clock. The nephrologist shall provide consultation to the hemodialysis patients of the dialysis centre only as per RFP/CA and no private patients OPD is allowed.
8)	Running a fourth shift in the dialysis centre is possible and may be considered.	The government may, in mutual consultation with the concessionaire allow running of fourth shift in case it is required, feasible and desirable.
9)	Mandatory setting up of in-house laboratory for investigations exclusively for the dialysis patients is expensive and financially non-viable. The investigations may be outsourced to NABL accredited lab. Further mandatory tests included in the package, may be	The concessionaire besides providing serological tests (HIV, HBV, HCV) as per RFP, will also provide the following investigations as a part of the package: i) Minimum of once a month - Blood Urea, S. Creatinine, S. Sodium, S. Potassium, Hb, PCV ii) Blood Sugar as & when required. iii) Minimum of once in three months - S. Calcium, S. Phosphorus, S. Albumin,

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	reviewed.	<p>SGOT, SGPT</p> <p>Concessionaire is required to make provision for the following tests in the centre, at the point of care:</p> <p>Hb, PCV, Blood sugar, Hep B, Hep C and HIV.</p> <p>The other investigations may be outsourced to a NABL accredited lab.</p>
10)	The charges for Dialysis of HIV positive patients should be increased to include cost of kit.	The charges of Dialysis of HIV positive patients will be same as those for seropositive cases.
11)	The number of dialysis machines may be increased from the proposed number of 100 + (25% expansion). For dialysis centers to be set up in future, same bidder may be allowed without re-tendering.	There will be 120 machines initially with the possibility of increase by 20 additional, at, need and feasibility, divided in clusters of 60 each plus 10.
12)	Technical specifications of the dialysis machines regarding capturing of intra dialysis parameter, Kt/V in real time may need to be looked for feasibility.	Realtime (online) capturing of intra dialysis Kt/V is required for ensuring adequacy of dialysis.
13)	It was suggested to increase number of machines/hospitals and make two clusters.	Govt. will create 2 clusters of (60+10) machines each as mentioned at S.no. 11 above, for bidding out to two independent private service providers.
14)	Government should ensure guarantee on minimum number of patients.	No guarantee on minimum number of patients is assured.
15)	There may be a provision for hemodialysis of acute cases	The govt. may require the concessionaire to install and run one or more additional

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	in the dialysis centres.	machines, for hemodialysis of acute cases referred by Govt. hospitals. The charges for each such hemodialysis session will be same as that of seropositive cases. Guidelines and protocols of hemodialysis of such patients will be prepared by concessionaire & get approved from the authority.
16)	RFP 1.2.8 Highest Bidder shall be the "Selected Bidder" - Selected Bidder must FIRST Qualify Technical Bid as per Service Level Specification in Schedule 4 Clause 4.1, for all SLSSs and Proposed SLSSs and THEN Qualify as Highest Bidder	No change in the terms of RFP.
17)	RFP 3.3.6 After acknowledgement of LOA, Concessionaire to incorporate SPV - For Manufactures and Service Providers having registered company in India, incorporation of SPV should not be mandatory if they are bidding individual and is a Legal Entity prior to RFQ	Refer to point 2.
18)	CA Article 3, 3.3.1 Concession Period includes Development Period - Concession Period should be excluding Development Period, however development period can be fixed by Concessioning Authority and may be likened to penalty in case of delay in completion within stipulated time	Refer to point 4.

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19)	CA Article 5, 5.1(b) Lease of Project Site should not be part of CA - Space is within the Hospital which is not to be borrowed from third party, hence Lease must not be charged from Concessionaire	Right to use the space for the purpose of agreement will be free of charge.
20)	CA Article 6, 6.2(e) What are Water Charges that will be charged to Concessionaire - Disclose Rate of Charges on Water Consumption to Concessionaire	The concessionaire will be charged for the water consumption at the same rate as charged by the utility provider.
21)	CA Pg No. 5, Para 2, Line no. 8 Plan, Design, Procure and Install new Diagnostic Equipment - In Place of Diagnostic Equipments, it should be Hemodialysis Machines	The typo error is rectified.
22)	CA Article 1 (lxiii)d Transportation of patients who need to be transported for investigations - It Should be Transportation of patients who need to be transported for Hemodialysis	The typo error is rectified.
23)	Schedule 2.5 AV Fistula to be performed and organized by Concessionaire as per Schedule 2.5 which is contrary to Schedule 2.5.4 - Counseling patients to get AV Fistula created for better access and long term Hemodialysis access rather than running on Temporary Accesses like Jugular or	No change in terms of RFP

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	Femoral Catheter must be responsibility of Concessionaire.	
24)	Schedule 2.5 AV Fistula to be performed and organized by Concessionaire as per Schedule 2.5 which is contrary to Schedule 2.5.4 - Concessioning Authority may identify hospitals for AV Fistula Surgeries for Sponsored Patients. Paying Patients who are not aware of hospitals performing AV Fistula surgeries may be REFERRED to these identified hospitals on payment basis with payment to be done directly to hospital/doctor performing fistula.	No change in terms of RFP
25)	Schedule 2.6.1 Investigations (like Potassium, Sodium, Calcium, Phosphorus, Creatinine, Blood Urea) on monthly basis, (like Hemoglobin and Packed Cell Volume) on Fortnightly basis, and (Viral Markers - HCV, HBV, HIV) once in 3 months form part of package cannot be performed at Dialysis Centre or by Concessionaire by procurement of required equipments - Investigations which form part of package may be allowed to outsource to NABL Accredited laboratory with all	Refer to point 9.

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	investigations (Part of package) to be paid directly by Concessionaire and Investigations to be done in emergency and Confirmatory Tests may be paid by patients in the same identified laboratory or a laboratory of their choice	
26)	Schedule 2.6.4 URR to be done monthly for every patient? - If URR may be measured online during each hemodialysis, is it still amndatory to perform URR monthly	The URR measurement has to be undertaken as per term of RFP.
27)	Schedule 3.1.1 HD Sessions must not be restricted to 3 Daily - Minimum of 3 HD sessions per day and may be incresed if needed with the same SLSs as mentioned in CA	Refer to point 8.
28)	Schedule 3.4.4 Ambiguity (Article 8, 8.3) Reimbursement of Payment - Either 21 days or 30 Days, As per Ambiguity Clause, Article Prevails which stated Reimbursement will be done within 21 days of receiving bills accompanying Clinical documents of patients form Concessinaire for treatments done to Sponsored patients	As per article 8 & 8.3, it is 21 days. The other typo error is retified.
29)	Schedule 6, 6.2 Qualification of Hemodialysis Technician, Medical Lab Technology?? -	Qualification of Hemodialysis Technician should be either Diploma in Dialysis Technology or

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	It should be Diploma in Dialysis Technology with minimum of 2 years experience in Hemodialysis	Graduate in Medical Lab Technology with atleast 6 months experience in dialysis. or Other equivalent qualifications as approved by the authority.
30)	<p>Schedule 13, 13.1 Package/Tariff (Sero Positive: 1466) No mention of HIV Tariff Separately, For HIV, a part from regular consumables for Dialysis for Hepatitis B and Hepatitis C patients, there are Disposable Kits like, Gown, Gloves, Masks, Goggles, Head Caps, Shoe Covers, Trays for placing starting disposables (Gauze, Cotton, Disposable Bowls, Drapes) are required, which adds up cost per treatment -</p> <p>Tariff for Treatment of HIV Patients must be revised to more than that of Pre Determined Tariff for Sero Positive Treatments. If the Concessioning Authority is not deriving separate tariff for Hemodialysis Treatment of HIV cases, concessionaire must be allowed to charge HIV kit, over and above Sero Positive Hemodialysis Treatment Charge</p>	Refer to point no. 10.

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31)	<p>Further to the round table held on 12th January 2013, we have the observation that some of the machine specs mentioned in the RFP document might be restrictive for other machines especially ones manufactured by Japanese players like Nipro. These specs are furthermore not necessarily required for giving quality dialysis treatment. Request you to kindly have a re-look at the following specs:</p> <ul style="list-style-type: none">• Arterial pressure Monitor• Dry Bi-Carbonate powder dialysis facility• Online (Real Time) (Kt/V)"	No change in terms of RFP.
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