

# Endorsed Provider: Pharmacy / Pharmacist Supplementary Form



Section 1: Application Summary		
Contract applied for (please indicate one)	New agreement <i>Response</i>	New owner for current agreement <i>Response</i>
Description of agreement being sought HBDHB <sup>1</sup>		
Specify the date you propose to commence provision of services within HBDHB catchment area <sup>2</sup>		
Service location / physical address	<i>Response</i>	
Web address:	<i>Response</i>	
HBDHB Internal Use Only		
Date application received	<i>Response</i>	
Date notification required	<i>Response</i>	
Name and Designation of Assessors	<i>Response</i>	
Any declared Conflicts of Interest	<i>Response</i>	

<b>Prepared by:</b>	Di Vicary, Planning and Commissioning Manager
<b>Prepared for:</b>	Commissioning Leadership Group
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<b>Version:</b>	0.5
<b>Status:</b>	Draft for consultation

<sup>1</sup> ICPSA (national Integrated Community Pharmacy Service Agreement) or Medicine Use Review agreement

<sup>2</sup> Note: Allow a minimum of four weeks for the generation of agreement from the date that all necessary approvals have been granted.

## Section 2: Application Guidelines and Conditions

1. All individuals and organisations who wish to enter into an Integrated Community Pharmacy Services Agreement (ICPSA) or other pharmacy / pharmacist contract with Hawke's Bay District Health Board (HBDHB) must become an Endorsed Provider completing this form and the Endorsed Provider form
2. Please submit both forms to the HBDHB Contract Liaison:  
Contract Liaison (Pharmacy)  
Primary Care Directorate, Hawkes Bay DHB  
Private Bag 9014  
Hastings 4156  
[Contracts@hawkesbaydhb.govt.nz](mailto:Contracts@hawkesbaydhb.govt.nz)
3. Applicants are strongly encouraged to complete this application process prior to seeking a license to operate a Pharmacy from Medicines Control and prior to making any commitments which may be reliant upon this application being approved by HBDHB
4. Applicants should note that a full response to each question is required. Describing a requirements as being 'complied with' or stating that the services required 'can be provided' (or words to such effect) is insufficient
5. Additional documentation in support of your application can be attached to your Endorsed Provider form. It must be securely attached to your application form and be clearly crossed referenced to the template. HBDHB may not review additional information if it considers that the information provided is outside the scope of the evaluation.
6. The document should be read in conjunction with:
  - a. The terms and conditions specified at the end of this template.
  - b. Health and Disability Services Pharmacy Standards (NZS 8134.7:2010) as updated/amended from time to time.
  - c. Medicines Act 1981 and Medicines Regulations 1984 - refer [www.legislation.govt.nz](http://www.legislation.govt.nz)
  - d. The agreement service specifications being applied for:
    - i. Integrated Community Pharmacy Service Agreement as updated / amended from time to time; located on the TAS website <https://tas.health.nz/dhb-programmes-and-contracts/community-pharmacy-programme/>
    - ii. Other agreement: available on request.
7. The Endorsed Provider form and Endorsed Provider - Pharmacy / Pharmacist Supplementary Form do not constitute an offer nor a process contract. It is an invitation to submit information that HBDHB will use to determine whether to commence contract negotiations.
8. Where HBDHB chooses to commence negotiations, HBDHB will not be bound in any way until the execution of a written agreement.
9. HBDHB will not be bound by any statement, written or verbal, made by any person other than the HBDHB's authorised representative in relation to this application.
10. HBDHB accepts no responsibility for any error of mis-description in this template or related documents
11. HBDHB is under no obligation to check supplied information for errors
12. HBDHB may withdraw or amend this template at any time
13. HBDHB reserves the right, in its sole discretion, to deviate from any stated process, including any stated evaluation processes, at any time and for any reason.
14. All applicants are required to confirm their acceptance of the terms and conditions listed above by signing the agreement and acknowledgements section of this template (section 12).

## Section 3: Evaluation Criteria

Applications shall be assessed against the following general evaluation criteria:

1. Ensuring Hawke's Bay population have long-term equitable access to pharmacy services
2. Demonstrates recognition of Māori values and beliefs and how services will be delivered to ensure rights of Māori consumers and whānau.
3. Priority population health outcomes will be addressed - Reducing Inequities
4. Achieving better health outcomes – improving service user accessibility to pharmacy / pharmacist services
5. Proposed approach to service delivery - a focus on quality, best practice services
6. Organisational experience, capacity, and capability
7. Workforce experience, capacity, and capability

Assessment of information provides grade:

Green	All information provided is sufficient to indicate quality service provision
Amber	Additional information required or conditions placed on agreement to indicate quality service provision
Red	Indication is quality service unable to be provided

## Section 4: Indicative Evaluation Process

HBDHB will endeavour to follow the outlined process when evaluating applications:

1. Applicants<sup>3</sup> complete and submit both an Endorsed Provider Form and Pharmacy / Pharmacist Supplementary Form and accompanying cover letter to:  
Contract Liaison (Pharmacy)  
Primary Care Directorate, Hawkes Bay DHB  
Private Bag 9014  
Hastings 4156  
Or electronically to [Contracts@hawkesbaydhb.govt.nz](mailto:Contracts@hawkesbaydhb.govt.nz)  
Applicants must ensure they provide all relevant information to HBDHB with their application.
2. An email acknowledging the application will be issued within seven (7) working days of receipt.
3. Applicants can seek clarification around documentation and requested information from the Planning and Commissioning Manager (Pharmacy & Clinical Support) or email [Contracts@hawkesbaydhb.govt.nz](mailto:Contracts@hawkesbaydhb.govt.nz) prior submission.
4. Pre-assessment is carried out to ensure all requested documentation has been provided.
5. Pharmacy Review Panel (see below) will consider the application.  
Additional information or advice may be required from the applicant and/or other persons within, and external to, the HBDHB, in order to assess the application fully. If the applicant fails to supply the information within 30 days of the date of the request (or within any additional time given by the Panel) the application will lapse. This requires the applicant to submit a new application. Site visits and reference checking may also be part of the Pharmacy Review Panel process.
6. The applicant is required to attend a meeting, with the Contract Liaison and the Planning and Commissioning Manager (Pharmacy & Clinical Support) to discuss the application and review the documentation provided.
7. Approval of the application is subject to the provider meeting all legal requirements, including the requirement to have and maintain a licence to operate a pharmacy, if application is for ICPSA. Further information on the process is available on the TAS website. Hawke's Bay DHB is not responsible for applications that are not received.
8. The Pharmacy Review Panel will make a recommendation to the Commissioning Leadership Group. The applicant will be advised of the outcome of the application within three months of making the application.

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<sup>3</sup> New contract holders, or current contract holders with change in company structure or ownership.

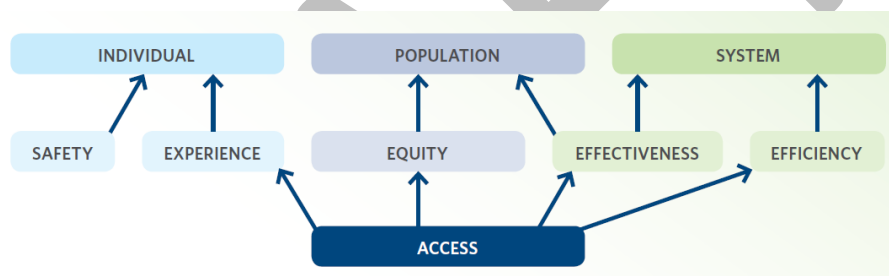
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9. Please note, a minimum timeframe is required from time of HBDHB approves Endorsed Provider status so that Ministry of Health Sector Operations can be notified and new contract set up with MoH system ahead of contract start date. Please ensure sufficient time is allowed and communicate early with HBDHB.
10. If application is deemed to be satisfactory to HBDHB and the applicant wishes to proceed with their application, agreement negotiations shall commence. Note that:
  - No services are to be provided until a fully signed contract is in place
  - No claims for payment are to be submitted until a fully signed contract is in place
11. If an application is declined, the applicant will have a single right of appeal to the HBDHB within 30 days by providing additional information to support the original application. The decision of the Commissioning Leadership Group will be final.

The process described above is an indicative process only. HBDHB reserves the right, in its sole discretion to deviate from this process at any time and for any reason.

## Section 5: Quality Framework

The Endorsed Provider - Pharmacy / Pharmacist Service Supplementary Form is structured according to the six dimensions of quality as described by US Institute of Medicines, aligned by the Health Quality and Safety Commission with the New Zealand Triple Aim:<sup>4,5,6</sup>



The US Institute of Medicine has defined six dimensions of quality:

- Access / Timeliness – Did the system provide care quickly once a need was recognised?
- Safety – When the patient most needed to be safe, were they?
- Experience – How did it feel to be cared for in our system?
- Equity – Good health care for all, regardless of gender, ethnicity, age or income.
- Effectiveness – The right care providing good outcomes.
- Efficiency – Does the system avoid waste – and thus cost – in supplies, equipment, space, capital, ideas, time and opportunity?

The New Zealand Triple Aim provides a focus for this improvement:

- improved quality, safety and experience of care for the individual
- improved health and equity for all populations
- best value for public health system resources.



<sup>4</sup> Health Quality and Safety Commission. Window on Quality of NZ Health Care. November 2015. Available from: <https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/window-on-quality-of-NZ-health-care-Nov-2015.pdf>

<sup>5</sup> Agency for Healthcare Research and Quality. Six Domains of Health Care Quality. U.S. Department of Health & Human Services. Available from <https://www.ahrq.gov/talkingquality/measures/six-domains.html>

<sup>6</sup> World Health Organisation. Quality of Care A process for making strategic choices in health systems. 2006. Available from: [https://www.who.int/management/quality/assurance/QualityCare\\_B.Def.pdf](https://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf)

## Section 6: Accessible and timely pharmacy services

Delivering health care that is timely, geographically, reasonable, and provided in a setting where skills and resources are appropriate to need.

### Did the system provide care quickly once a need was recognised?

This application supports HBDHB focus on ensuring community access to a full range of medicines and pharmacist advice in a timely manner, including outside of standard business operating hours that does not compromise their health and safety. The pharmacy service and pharmaceutical needs of the population, particularly priority populations, will be met; focusing on meeting current unmet need and achieving equity. Available pharmacy / pharmacist services ensure patients have choices and can access the services they need, which are provided in a patient-centric manner that supports self-management and/or recommend referral to another health care provider when needed, and encourage early diagnosis and appropriate early intervention. Pharmacist funded services based in the community are an important part of primary health care and pharmacists are recognised as one of the most accessible health professions, which is an important feature of the Hawke's Bay health system.

6.1	<p>Indicate the pharmacist / pharmacy services that your organisation intends to provide.</p> <ul style="list-style-type: none"> <li>• <i>Are all mandatory<sup>7</sup> pharmacy services are offered?</i></li> <li>• <i>Confirm supply of all medicines – acute, long term, refrigerated, CDs</i></li> <li>• <i>Has an exemption been requested which clearly demonstrates how the community can still access them (if not via your business).</i></li> <li>• <i>ICPSA Schedules offered: 1, 2, 3A, 3B</i></li> <li>• <i>Medicine Related: Medicine administration, Deliveries, Adherence packing, Medicine management services (CPAMs, MUR).</i></li> <li>• <i>Health services: Needle Exchange Programme, Screening – blood pressure, pulse assessment, nutritional assessment, Smoking Cessation, etc</i></li> </ul>
6.2	<p>Describe which service needs, particularly pharmacy / medicine needs, of the population / community at this location, particularly priority populations, will be supported by this application.</p> <ul style="list-style-type: none"> <li>• <i>Pharmaceutical Needs (Medicine literacy, Medicine access – issues with co-payments, OTC medicines, prescription collection, Service access, Coordination of care) are relevant to the priority population described</i></li> <li>• <i>Clear focus on Priority Populations: Māori, Pacific, elderly, families with children, people living with mental illness / addiction, social deprivation, disabilities,</i></li> </ul>
6.3	<p>Describe how your organisation's proposed approach to service delivery will meet and resolve identified unmet need for the community at this location.</p> <p>Describe any potential risk for increase inequity e.g. additional charges indicated, access only if person has smart phone with data etc.</p>
6.4	<p>Describe how your organisation will seek to minimise barriers to Service User's accessing your services.</p>
6.5	<p>Describe how trading hours (provided in Endorsed Provider form) are reflective of community need and ensure adequate access (including after hours)</p> <ul style="list-style-type: none"> <li>• <i>Applicant must mention if after-hours fees are going to be charged</i></li> <li>• <i>Successful contract is based on services being provided during these stated hours; opening hours cannot be reduced in the future without written permission from DHB.</i></li> <li>• <i>Opening hours reflect community need</i></li> <li>• <i>Opening hours increase current access provided</i></li> </ul>

<sup>7</sup> Mandatory Pharmacy Services described in Endorsed Provider Form

6.6	<p>Describe the number of staff, and their qualifications and skills, which will be employed during opening hours described in 6.4 to ensure timely and safe service provision.</p> <ul style="list-style-type: none"> <li>Proposed staffing levels are realistic for the services offered and projected demand / growth.</li> <li>Description of staff numbers appears realistic for operating hours</li> <li>Description of employing additional pharmacists to provide enhanced services e.g. MUR service provided by contractor pharmacist to specifically provide this service without impact on quality of other services</li> <li>Description of roster included multiple pharmacists to ensure timely service provision e.g. multiple pharmacists in morning for OST service, multiple pharmacists on duty in afternoon for ARRC</li> <li>Where multiple enhanced services are provided, pharmacist staff numbers and rostering demonstrate that multiple pharmacist are on duty to avoid untimely service delivery.</li> <li>Suitable ratio of pharmacists to technicians if a dispensing service</li> <li>Pharmacists accredited providers – POM, vaccinations, MUR, CPAMs</li> <li>Dispensing service – technicians, PACT, pharmacists</li> <li>Description of PACT<sup>8</sup> role to business</li> <li>Retail service – staff qualifications</li> </ul> <p>Note Generic Endorsed Provider form has statement about sufficient current staff to provide the service, and if not to provide a plan for attracting necessary skilled staff.</p>	
6.7	<p>Describe how you will ensure that the Service User has free and timely access to pharmacist advice as a function of the provision of funded services.</p>	
6.8	<p>Confirm and describe how you will ensure that if your service provides dispensing you will supply all medicines as required per ICPSA, supported by appropriate stock and procedures.</p>	
<p>Additional information on providing timely and accessible pharmacy / pharmacy service:</p>		
<p><b>Internal Use Only: Assessment</b></p>		
Green	Amber	Red
<p><b>Section 7: Safe Pharmacy / Pharmacist Service</b></p>		
<p>Delivering pharmacy / pharmacists services which minimise risks and harm to service users. Avoiding harm to patients that is intended to help them.</p>		
<p><b>When the patient most needed to be safe, were they?</b></p>		
<p>This application supports HBDHB commitment to ensuring pharmaceutical services are managed by a pharmacist who has authority, accountability, competency, and responsibility for service provision which supports continuity of care, safe care, and avoids consumers paying more than they need to for medicines. Pharmacy and pharmacist services are provided by competent staff with current knowledge and skills so the community has confidence that they are getting the best care available. The community can also have assurance that all adverse, unplanned, or untoward events are managed systematically in an open manner with a focus on improved service (internal and sector) via shared learnings. Pharmacy services in Hawke’s Bay are provided by people with outstanding professional record, and are fit and proper to own or be responsible for provision of pharmacy services.</p>		
7.1	<p>The company owners and shareholders can demonstrate good character and business practices.</p>	

<sup>8</sup> PACT is abbreviation for Pharmacy Accuracy Checking Technicians

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	Describe your organisation's governance structure, including qualifications and experience of all members, and indicate the duration each has held their current position. <i>Endorsed Provider form – Governance section asked for list of members.</i>
7.2	Describe your organisations current management structure, include names, qualifications, and experience of all management team members and indicate the duration each has held their current position.
7.3	Describe any experience that your organisation has had delivering the pharmacist / pharmacy services in New Zealand that you are seeking contract for from HBDHB.
7.4	Have the responsible person/s, pharmacist shareholders and/or Charge Pharmacist never had conditions imposed on their Annual Practising Certificate (APC) or had an APC cancelled. If yes, please provide details. <ul style="list-style-type: none"> <li>• <i>Conditions applied under the Health Practitioners Competence Assurance Act 2003:</i> <ul style="list-style-type: none"> <li>○ <a href="#">Section 43</a> (non-compliance with a competence or recertification programme)</li> <li>○ <a href="#">Section 50</a> (health related)</li> <li>○ <a href="#">Section 69</a> (interim conditions)</li> <li>○ <a href="#">Section 101</a> (HPDT decisions).</li> </ul> </li> </ul>
7.5	Have the responsible person/s, pharmacist shareholders and/or Charge Pharmacist had conditions imposed on their Ministry of Health Pharmacy Licence or had it cancelled. Licence conditions are imposed under Section 51 of the Medicines Act 1981. If yes, please provide details.
7.6	Indicate whether your organisation has been the subject of a breach finding for the Code of Health and Disabilities Services Consumers Rights in the last 24 months, and if yes, provide details.
7.7	Indicate whether any of the staff have been the subject of a breach finding under the Code of Health and Disabilities Services Consumers' Rights or to any disciplinary process before a professional body in the last 24 months, if yes provide details.
7.8	To demonstrate that your governance or management teams are a fit and proper person and good repute (as the case requires), indicate if any have convictions for— <ul style="list-style-type: none"> <li>○ <i>an offence under the Medicines Act 1981, or regulations made under it; or</i></li> <li>○ <i>an offence under the Misuse of Drugs Act 1975, or regulations made under it; or</i></li> <li>○ <i>a crime involving dishonesty (within the meaning of section 2(1) of the Crimes Act 1961); and</i></li> <li>○ <i>any pending criminal proceedings against the applicant in New Zealand and elsewhere</i></li> <li>○ <i>any protection order made against the applicant under the Domestic Violence Act 1995</i></li> <li>○ <i>any other court order made against the applicant, in New Zealand or elsewhere , that is or may be relevant to the application</i></li> </ul>
7.9	Evidence of acceptable Police Check form for the Responsible Person/s and Charge Pharmacist (and evidence of ID).
7.10	Evidence of acceptable Vulnerable Children Act questionnaire for Responsible Person/s and Charge Pharmacist
7.11	Describe how pharmacy software will be utilised for patient care and safety <ul style="list-style-type: none"> <li>• <i>Listed Toniaq, Rxone, or another pharmacy software system</i></li> <li>• <i>Clear description of how this system will support patient care</i></li> <li>• <i>Clear description of how this system will support safety</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• <i>SOP<sup>9</sup> outlining maintenance of medicine profile</i></li> <li>• <i>Provision of pharmacist intervention SOP</i></li> <li>• <i>SOP documentation that CARM recording will be standard practice</i></li> </ul>
7.12	<p>Confirm all dispensing information, and other clinical information, as required by service specifications, will be provided to HBDHB via either national or local data repositories or clinical patient management systems, that enables analysis and patient continuity of care</p>
7.13	<p>Confirm use of all national database information available to ensure care is patient-centric and safe, for example, NIR, Exemption card records</p>
7.14	<p>Workforce development is ongoing to ensure they remain at the forefront of best practice. Staff are appropriately accredited to deliver specialist pharmacy care.</p> <ul style="list-style-type: none"> <li>• <i>Outlines ongoing competency and up-skilling e.g. paid study level, paid conference fees, access to online eLearning platforms, workplace training programme</i></li> </ul>
7.15	<p>Pharmacy demonstrates an active quality management system (QMS) for all pharmacy-related activities, Health and Safety practices, and ensuring compliance with all legislative and professional requirements.</p> <p>Provide all Medsafe Quality Audit reports issued to pharmacies you have owned, or managed, over the last three years</p> <p>If you have quality plans / documents required by requested contract service specifications please list them and attach a copy with this application.</p> <p>If you do not have quality plans / documents required, please list those you intend to prepare and indicate the timeframe in which these will be completed.</p> <ul style="list-style-type: none"> <li>• <i>QMS for pharmacy-related activities ensures compliance with all legislative and professional requirements</i> <ul style="list-style-type: none"> <li>○ <i>Legislation (as listed in Code of Ethics Schedule)</i></li> <li>○ <i>Code of Ethics</i></li> <li>○ <i>NZ Standards</i></li> </ul> </li> <li>• <i>Quality Plan assessment demonstrates process for continuous quality improvement (CQI) of services.</i></li> <li>• <i>SOP provided for each of the pharmacy services provided</i></li> <li>• <i>SOP provided for facilities / equipment to ensure compliance with legislation</i></li> <li>• <i>SOP provided for consumer complaints, code of rights,</i></li> <li>• <i>SOP provided for advertising</i></li> </ul> <p><i>Note: SOPs may be draft for new business.</i></p>
7.16	<p>Describe how you intend to ensure compliance with ‘Organisational Management’ standards outlined in Pharmacy Standards<sup>10</sup>.</p> <p>a) Provide any plans, policies, or documents that you have prepared to ensure compliance</p> <p>Describe any plans, policies, or documents that you intend to develop and indicate timeframe for completion</p> <ul style="list-style-type: none"> <li>• <i>Clinical event management process</i> <ul style="list-style-type: none"> <li>○ <i>Internal recording</i></li> <li>○ <i>Dispensing errors</i></li> <li>○ <i>Near Misses</i></li> <li>○ <i>Harm from professional recommendation</i></li> <li>○ <i>Sharing with DHB</i></li> <li>○ <i>Sharing with regulators – Medsafe and Pharmacy Council</i></li> </ul> </li> <li>• <i>Clear consumer complaints process documented</i> <ul style="list-style-type: none"> <li>○ <i>Compliance with Code of Rights</i></li> <li>○ <i>Open disclosure statement</i></li> <li>○ <i>Focus on responding to consumer concerns in positive proactive manner</i></li> <li>○ <i>Assessment of feedback / complaints to identify areas for service improvement</i></li> </ul> </li> </ul>

<sup>9</sup> SOP: abbreviation for Standard Operating Procedure

<sup>10</sup> Health and Disability Services Pharmacy Standards (NZ Standard NZS8134.7:2010) or as updated



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	<ul style="list-style-type: none"> <li>○ <i>Learnings from complaints shared with staff</i></li> <li>• <i>Health and Safety management process including infection control, staff-safety risks</i></li> </ul>	
7.17	Describe how you intend to ensure compliance with ‘Safe and Appropriate Environment’ standards specified in the Pharmacy Standards <sup>11</sup> not described elsewhere in the application. Either provide any plans, policies, or documents that you have prepared to ensure compliance, or list those you intend to develop and indicate timeframe for completion.	
7.18	Confirmation that the pharmacy will provide free service, in partnership with HBDHB, for the community to return unused medicines, including cytotoxic medicines, and sharps used for medical purpose.	
7.19	Describe how you intend to ensure compliance with ‘Dispensing, Compounding, Repackaging, and Batch Preparation’ standards specified in the Pharmacy Standards <sup>12</sup> . Either provide any plans, policies, or documents that you have prepared to ensure compliance, or list those you intend to develop and indicate timeframe for completion.	
7.20	If service is being provided, describe how you intend to ensure compliance with ‘Aseptic Dispensing or Sterile Products in Community Pharmacy’ standards specified in the Pharmacy Standards <sup>13</sup> . Either provide any plans, policies, or documents that you have prepared to ensure compliance, or list those you intend to develop and indicate timeframe for completion.	
7.21	<p>Demonstrated your policies and processes will ensure the professional promotion of pharmacy services and pharmaceuticals, aiming to maintain a high positive regard and public perception. Promotion of professional pharmacy services and pharmaceuticals would include description of how they will ensure compliance with:</p> <ul style="list-style-type: none"> <li>• <i>Pharmacy Council Code of Ethics</i></li> <li>• <i>Advertising Guidelines (joint PCNZ and PSNZ Guidelines)</i></li> <li>• <i>Promotion and Supply of Medicines Over the Internet Statement</i></li> <li>• <i>Complementary and Alternative Medicines (CAM) Statement and Protocol for Pharmacists</i></li> <li>• <i>Sale of Codeine Containing Analgesics - Social Media Guidelines</i></li> <li>• <i>Telehealth Statement</i></li> </ul>	
Additional information on providing a safe pharmacy / pharmacy service:		
<b>Internal Use Only: Assessment</b>		
<i>Green</i>	<i>Amber</i>	<i>Red</i>
<p><b>Section 8: Experience is person and whānau centred</b></p> <p>Delivering pharmacy / pharmacist services which takes into account the preferences and aspirations of individual service users and the cultures of their communities.</p> <p>Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.</p> <p><b>How did it feel to be cared for in our system?</b></p> <p>Hawke’s Bay DHB, and this application, demonstrate commitment to a rights-based approach to health to meet the responsibilities under Te Tiriti o Waitangi.</p> <p>This application demonstrates that with understanding and engagement comes the ability to deliver pharmacy / pharmacists services in respectful and responsive manner that ensures positive health outcomes, and ensures all in the community have equity of access to pharmacy / pharmacist services</p>		

<sup>11</sup> Health and Disability Services Pharmacy Standards (NZ Standard NZS8134.7:2010) or as updated

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	provided in a suitable environment, particularly suitable consulting environment to meet the privacy needs of the individual.
8.1	<p>Describe how services will be delivered with recognition of the importance of Māori values and beliefs thus ensuring the rights of Māori consumers and whānau are respected.</p> <ul style="list-style-type: none"> <li>• <i>Provision of Māori Health Plan</i></li> <li>• <i>Demonstrable understanding of Māori values and beliefs incorporated into pharmacy service delivery</i></li> <li>• <i>Clear engagement with Māori / Pacific community</i></li> <li>• <i>Clear description of how the local Māori community has had input on the pharmacy service design</i></li> </ul>
8.2	<p>Demonstrate how you understand and engage with the cultures of the community in which the pharmacy service is provided</p> <ul style="list-style-type: none"> <li>• <i>Clear description of cultures within community they serve</i></li> <li>• <i>Consumer engagement plan outlines clearly and realistically how pharmacy staff / management will connect with these communities</i></li> </ul>
8.3	<p>Describe how service provision will be culturally appropriate care and support as a result.</p> <ul style="list-style-type: none"> <li>• <i>Assessment is the service/s will connect well with the cultures they serve</i></li> <li>• <i>Processes describe how staff will measure the care and support provided is culturally safe</i></li> <li>• <i>Strong emphasis of culturally safe care within submitted documents</i></li> </ul>
8.4	<p>Describe how pharmacy / pharmacist services will demonstrate a focus on the individual, their needs, and their health care experience.</p> <ul style="list-style-type: none"> <li>• <i>The service philosophy and building design clearly demonstrates a focus on providing a suitable environment for the individual, how this has been considered and will be delivered.</i></li> <li>• <i>Service philosophy clearly describes how the service will determine individual need e.g. inability to afford prescription copayments, medicine literacy needs, and respond accordingly e.g. account, automatic payment, delivery, reminders, medicine card</i></li> <li>• <i>Describes services provided to meet customers' needs</i></li> <li>• <i>Describes business values linked to service</i></li> </ul> <p><i>Describes how will train staff to deliver this experience</i></p>
8.5	<p>Describe how you will ensure people wishing to do so, can talk to the pharmacist in a private area, without the risk of being over heard.</p> <ul style="list-style-type: none"> <li>• <i>Private consulting area/s</i></li> <li>• <i>Areas suitable for OST if provided</i></li> <li>• <i>Suitable areas for access to pharmacist for conversation that isn't overheard ie. Away from till etc</i></li> <li>• <i>Pharmacist and pharmacy services clearly identified and easily accessible, especially on entrance into the building / space.</i></li> </ul>
8.6	<p>Provide a clear floor plan of your pharmacy, to scale, clearly highlighting the area of the pharmacy that will enable consultations to be undertaken in physical, visual, and auditory privacy.</p> <p>Describe how the facility within which the pharmacy service is delivered is consumer-friendly, disability accessible, supports clear access to pharmacist and pharmacy services, and complies with required Standards<sup>14</sup> (consider standards 1.3.1, 1.82, 3.3.3, 3.5.4, 3.8.1, 5.12.9, 5.12.10)</p> <ul style="list-style-type: none"> <li>• <i>Online service with suitable security and privacy settings.</i></li> <li>• <i>Consulting area is large enough for whanau to be present.</i></li> <li>• <i>Open space within the pharmacy to enable wheelchair access</i></li> <li>• <i>Wide aisles</i></li> <li>• <i>Automatic doors</i></li> <li>• <i>Hearing aid loops within building</i></li> </ul>

<sup>14</sup> Health and Disability Services Pharmacy Standards (NZ Standard NZS8134.7:2010) or as updated

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	<ul style="list-style-type: none"> <li>• <i>Suitable lightening</i></li> <li>• <i>Suitable description of how community will contribute to the pharmacy environment look and feel.</i></li> <li>• <i>Provided evidence of utilisation of resources when planning pharmacy e.g. dementia-friendly best practice, youth-friendly assessment tools</i></li> </ul>	
8.8	Describe how you intend to ensure compliance with the ‘Consumer Rights’ standards specified in the Pharmacy Standards <sup>15</sup> . Either provide any plans, policies, or documents that you have prepared to ensure compliance, or list those you intend to develop and indicate timeframe for completion.	
8.9	Describe how your workforce structures and employment process will recognise the diverse cultural needs of the Hawke’s Bay community.	
8.10	Describe how you intend to ensure compliance with ‘Continuum of Service Delivery’ standards specified in the Pharmacy Standards <sup>16</sup> not described elsewhere in the application. Either provide any plans, policies, or documents that you have prepared to ensure compliance, or list those you intend to develop and indicate timeframe for completion.	
Additional information on providing a person and whānau centred pharmacy / pharmacy service:		
<b>Internal Use Only: Assessment</b>		
<i>Green</i>	<i>Amber</i>	<i>Red</i>

## Section 9: Equitable Pharmacy Service

Delivering pharmacy / pharmacist health care which does not vary in health outcomes because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status.

**Good health care for all, regardless of gender, ethnicity, age or income.**

This application supports HBDHB statutory objective to ensure sustainable pharmacy service within the district. We, the DHB and service providers, are committed to listening to our communities, particularly Māori, most impacted by health inequities and act to change services. We will achieve this by partnering with Māori and Pacific leaders to deliver on the commitments focused on eliminating health inequities.

9.1	Describe how services will be delivered with recognition of the importance of Māori values and beliefs thus ensuring the rights of Māori consumers and whānau are respected. <ul style="list-style-type: none"> <li>• <i>Provision of Māori Health Plan</i></li> <li>• <i>Demonstrable understanding of Māori values and beliefs incorporated into pharmacy service delivery</i></li> <li>• <i>Clear engagement with Māori / Pacific community</i></li> </ul> <i>Clear description of how the local Māori community has had input on the pharmacy service design</i>
9.2	Describe how the pharmacy service supports, rather than undermines, the provision of equitable pharmacy services across the total Hawke’s Bay district.
9.3	Describe how the services will progress the goal of achieving equitable health outcomes for all in the community, particularly our priority population. <ul style="list-style-type: none"> <li>• <i>High needs groups service will be serving well described</i></li> <li>• <i>How services will be delivered to different groups to achieve equity well thought-out, realistic and achievable.</i></li> </ul> <i>Some examples include:</i> <ul style="list-style-type: none"> <li>– <i>Having automatic payment options</i></li> <li>– <i>Having accounts system</i></li> <li>– <i>Will provide some services at marae or church</i></li> <li>– <i>Focus on employing staff from community</i></li> </ul>

<sup>15</sup> Health and Disability Services Pharmacy Standards (NZ Standard NZS8134.7:2010) or as updated

<sup>16</sup> Health and Disability Services Pharmacy Standards (NZ Standard NZS8134.7:2010) or as updated

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	<ul style="list-style-type: none"> <li>- <i>Establish relationships with community leaders</i></li> <li>- <i>Technology services to remind people to collect scripts</i></li> <li>• <i>Services described will be provided in appropriate manner for our priority population</i></li> <li>• <i>Services described will improve health outcomes for our priority population</i></li> <li>• <i>Current health outcomes of community will not be compromised</i></li> <li>• <i>Potential to reduce health outcomes of some currently</i></li> <li>• <i>Commitment to NHI lookup for Prescription Subsidy Card</i></li> <li>• <i>Liase with MSD around benefits etc</i></li> <li>• <i>Acknowledgement of asking about use of ManageMyHealth</i></li> </ul>	
9.4	<p>Demonstrable service delivery (staff competencies and behaviours) that supports health literacy and health service navigation.</p>	
9.5	<p>Describe how you will build long-term relationships with community in which you serve to better understand their pharmacy / medicine needs and how this will impact on your service design and implementation.</p> <p>Describer how the services will progress the goal of achieving equitable health outcomes for all in the community, particularly our priority population.</p> <ul style="list-style-type: none"> <li>• <i>High needs groups service will be serving well described</i></li> <li>• <i>How services will be delivered to different groups to achieve equity well thought-out, realistic and achievable.</i></li> </ul> <p><i>Some examples include:</i></p> <ul style="list-style-type: none"> <li>- <i>Having automatic payment options</i></li> <li>- <i>Having accounts system</i></li> <li>- <i>Will provide some services at marae or church</i></li> <li>- <i>Focus on employing staff from community</i></li> <li>- <i>Establish relationships with community leaders</i></li> <li>- <i>Technology services to remind people to collect scripts</i></li> </ul> <ul style="list-style-type: none"> <li>• <i>Services described will be provided in appropriate manner for our priority population</i></li> <li>• <i>Services described will improve health outcomes for our priority population</i></li> <li>• <i>Current health outcomes of community will not be compromised</i></li> <li>• <i>Potential to reduce health outcomes of some currently</i></li> <li>• <i>Commitment to NHI lookup for Prescription Subsidy Card</i></li> <li>• <i>Liase with MSD around benefits etc</i></li> <li>• <i>Acknowledgement of asking about use of ManageMyHealth</i></li> </ul>	
<p>Additional information on providing a pharmacy / pharmacy service which ensures equitable health outcomes for all.</p>		
<p><b>Internal Use Only: Assessment</b></p>		
Green	Amber	Red
<p><b>Section 10: Effective Pharmacy Service</b></p> <p>Delivering pharmacy / pharmacist health care that is adherent to a philosophy of evidence-based therapy and aims to achieve improved health outcomes for individuals and communities, based on need. <b>The right care providing good outcomes.</b></p> <p>This application supports ensuring Hawke’s Bay pharmacy / pharmacist service strategic direction is realised by contributing to the achievement of local goals, health targets, and service priorities. We will support our community developing long-term relationships with pharmacists and pharmacy providers whom they trust and respect, while making sure pharmacist / pharmacy services in Hawke’s Bay meet our community needs and are provided in an acceptable and suitable mana-enhancing manner. Pharmacy is an essential part of the healthcare system in New Zealand, with the ultimate concern of ensuring that people receives the appropriate medicines and benefits from the proper use of these.<sup>17</sup> We will ensure that our services contribute to the system of care made up of multi-disciplinary teams providing integrated health and care services in primary health centres and the community, co-ordinating with a range of other services.</p>		

<sup>17</sup> Pharmaceutical Society of New Zealand

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10.1	Describe your organisations philosophy with regard to provided services. Indicate how these fit within HBDHB’s vision and values, relevant national and local strategic priorities for pharmacy and pharmacist services, including local commissioning, and HBDHB’s objectives under the New Zealand Public Health and Disability Act 2000.	
10.2	Demonstrable process and commitment to hearing, sharing, and responding to the whānau voice about the pharmacy services. <ul style="list-style-type: none"> <li>Consumer engagement plan provided</li> <li>Covers ICPSA requirements</li> <li>Does it go beyond ICPSA requirements e.g. consumer engagement meetings,</li> <li>Can describe how will respond to feedback and inform community of results</li> </ul> Consumer engagement plan actively described what information will be shared with DHB to provide collective consumer voice	
10.3	Outline as a health profession focused on medicine management, how the service will actively support your community to achieve medicine literacy and medicine adherence. <ul style="list-style-type: none"> <li>Submitted Quality Plan outlines which services pharmacy will monitor performance of and how this will occur.</li> <li>Tools and services described will support whānau medicine literacy e.g. Patient information cards e.g. Self-Care Cards, Online resources – website, Facebook, Applications on Smartphones, Ipad station for consumers – free access, 0800 phone number, Employment of non-dispensing pharmacist for advice / education</li> <li>Tools and services described will support medicine adherence e.g. Employment of non-dispensing pharmacist for advice / education, Online tools, System to monitor uncollected repeats which are actively followed up, Text to remind service</li> </ul>	
10.4	Provide the names of health care providers (including but not limited to general practice, Māori health providers, and urgent care) that are currently operating within the area that you intend to provide services. <ul style="list-style-type: none"> <li>Extensive list of health services beyond general practice and hospital</li> </ul> Good understanding of other health providers operating in the same community	
10.5	Describe how you will work in an integrated and inter-professionally collaborative manner with health care providers listed in 10.5 <ul style="list-style-type: none"> <li>Well described collaborative working relationships with number of other health providers</li> <li>Describes processes for communicating and linking with these providers</li> <li>Describe process for collecting and using feedback from health care providers on service delivery</li> </ul>	
10.6	Describe any aspect of your proposed services that do not fully comply with the requirements of the contract service you are seeking, for example, ICPSA.	
10.7	Business planning, and financial documents can demonstrate a long-term sustainable business. <i>Assessed as part of generic Endorsed Provider Form Governance: Going Concern</i>	
Additional information on providing an effective pharmacy / pharmacy service.		
<b>Internal Use Only: Assessment</b>		
<i>Green</i>	<i>Amber</i>	<i>Red</i>

**Section 11: Efficient Pharmacy Service**

Delivering pharmacy / pharmacist services in a manner which maximises resource use and avoids waste. **Does the system avoid waste – and thus cost – in supplies, equipment, space, capital, ideas, time and opportunity?**

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<p>This application will increase patient safety in dispensing / prescribing processes, while supporting efficiencies for both prescribers and pharmacists. Services will maximise resource use, avoid waste, and enhance patient health outcomes by increase access to information and services. There is an understanding of the objectives of Matariki; the Regional Economic Development Strategy and Action Plan for Hawke's Bay and a commitment to ensure the provision of essential pharmacy services during major incident or emergency.</p>		
11.1	<p>Provide the names of other pharmacist / pharmacy providers, and describe the existing pharmacy services, within 5km of this applicants proposed location.</p> <ul style="list-style-type: none"> <li>Assessment of current service providers is correct</li> <li>Value add to current service provision e.g. additional hours, additional services, new service delivery</li> </ul>	
11.2	<p>Describe how you will ensure that Service Users, and other interested parties, are informed of your services, the location and how to access these, business hours, Service User's rights and responsibilities, and other relevant information. Please provide photographic evidence of signs and copies of printed material where applicable.</p>	
11.3	<p>Specify your proposed</p> <ol style="list-style-type: none"> <li>daily prescription volume: FTE staff ratio, and</li> <li>daily prescription volume: FTE dispensary staff ratio</li> </ol> <p>This ratio is to show, for example, how many staff would be employed if you had an average daily script volume of 100. Please show how your FTE volumes will change if this volume increases or decreases.</p>	
11.4	<p>Describe how your organisation will utilise technology fully including implementation of all national eHealth initiatives relevant to pharmacy as they develops.</p>	
11.5	<p>Outline how you will support local labour workforce, prioritisation to use locally provided goods and services and income from sales reinvested into Hawke's Bay business / social enterprise</p>	
11.6	<p>Outline your employment policy, and if where possible you will employ Hawke's Bay people with a focus on those with greatest need, who will benefit socially and economically, and incorporates older people into economic activity.</p>	
11.7	<p>Outline your planned activity in training programmes to develop Hawke's Bay workforce, including participating in local career development activities</p> <ul style="list-style-type: none"> <li>Indication of if / when business will train intern and/or technician including (supported with sufficient pharmacists on staff)</li> </ul>	
11.8	<p>Provide your business continuity plan and confirm you will participant in HBDHB emergency and pandemic planning to support pharmacy service delivery during major incidents or emergencies.</p> <ul style="list-style-type: none"> <li>Comprehensive plan for all major incidents and natural disasters</li> </ul> <p>Additional information for Emergency Contact (provided in Endorsed Provider form):</p> <p>Emergency contact (1) email address:</p> <p>Emergency contact (2) email address:</p>	
11.9		
<p>Additional information on providing an efficient pharmacy / pharmacy service.</p>		
<p><b>Internal Use Only: Assessment</b></p>		
	<i>Green</i>	<i>Amber</i>
		<i>Red</i>

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## Section 12: Agreement and Acknowledgement

By signing below, the signatory represents that s/he:

- has reviewed the responses provided to each question in this Endorsed Provider – Pharmacy form and is satisfied that the information is true and correct;
- has satisfied herself/himself as to the correctness and sufficiency of the application
- understand and accepts responsibility for the accuracy of the information provided
- understands that if any information provided is found to be false, either prior to or after entering a service agreement, this will be ground for HBDHB to remove the provider from the application process or cancel the agreement (despite any other clauses in the agreement)
- understands that it is his/her responsibility to advise HBDHB of any changes to the information provided
- has read and understood all referenced documents
- has read and understood the terms and conditions listed in this Form; accepts and agrees to them
- is duly authorised to make this application
- can confirm that the organisation’s constitutional documents allow the organisation to make this offer and enter into an agreement with DHB to provide pharmacy /pharmacist services
- understands that HBDHB approval of this application does not necessarily mean that a Licence to Operate a pharmacy will be granted by the Licensing Authority
- understands that if HBDHB approves this application, this in no way indicates that HBDHB considers the commercial viability or success of the business / service delivery
- understands that a formal written ICPSA must be executed by authorised signatories of HDHB, and your organisation BEFORE your organisation is permitted to provide services for HBDHB, and receive payments under the terms of that agreement
- understands that HBDHB does not generally make payments against draft agreements
- understands that while HBDHB will endeavour to process your application in a timely manner, HBDHB makes no commitment to approve this application in time for your proposed service start date
- has read and understood the appeals process described in the Pharmacy / Pharmacist Service Contract Policy, and acknowledges that any decision made by the HBDHB Commissioning Leadership Group will be final, and that no further discussion regarding that decision will be entered into with unsuccessful applicants after this point.

The organisation submitting this application gives permission for HBDHB to make any enquiries or request form any person any information which may have a bearing on its/their ability to provide the proposed service. This includes persons not specifically listed as referees in the Endorsed Provider – Pharmacy / Pharmacist form.

The information contained in this form will be treated as strictly confidential by HDHB, its agents, and its advisors. HBDHB will not, except as required by law, or for the purposes of obtaining references, disclose any of the information provided in your application to any other person without your prior written consent. HBDHB may however disclose the fact that your organisation submitted an application AND may disclose all or part of the information provided, in response to a request under the Official Information Act 1982 without reference to you.

### Signed on behalf of the organisation submitting this Form

Name	Signature	Position	Date



<b>Section 13: HBDHB Internal Process - Documentation Checklist</b>	
Assessment by:	Date:
<b>Required information</b>	<b>Complete</b>
Location of pharmacy	
Opening hours of pharmacy	
Description of population to be served	
<ul style="list-style-type: none"> <li>• High needs / priority population<sup>18</sup></li> </ul>	
List of all core <sup>19</sup> pharmacy services to be	
Exemption request if all core services not listed	
List of additional and enhanced services <sup>20</sup> to be provided	
List of pharmacies within 5km of proposed location with description of services provided by these pharmacies	
Name of responsible people / shareholders	
<ul style="list-style-type: none"> <li>• Copy of Annual Practising Certificate (APC) for any whom are pharmacists</li> <li>• Information about any APC restrictions or cancellations (present or past)</li> <li>• Information about any criminal convictions (present or past)</li> <li>• Completed police check form</li> <li>• Completed Vulnerable Children Act questionnaire</li> </ul>	
Pharmacy Licence information provided – pharmacist or shareholder: imposed conditions (present or past)	
Information on technology / IT infrastructure	
Staff plan	
<ul style="list-style-type: none"> <li>• Number of pharmacists</li> <li>• Number and qualifications of dispensary staff</li> <li>• Number and skills of other staff</li> <li>• Workforce development policy, including training</li> <li>• Employment policy (may refer to REDS plan)</li> </ul>	
Consumer engagement plan	
<ul style="list-style-type: none"> <li>• Māori Plan</li> <li>• Equity plan</li> <li>• Consumer voice described</li> <li>• Health literacy</li> <li>• Medicine adherence support</li> </ul>	
Health service engagement plan	
<ul style="list-style-type: none"> <li>• List of local health services</li> <li>• Description of engagement or collaboration</li> </ul>	
Evidence from local health services how they will work with pharmacy service	
Business plan	
<ul style="list-style-type: none"> <li>• Describes re-investment in Hawke’s Bay business / social enterprise (may refer to REDS plan)</li> </ul>	
Evidence of bank records	
Letter from Chartered Accountant regarding business is a going concern	
REDS Plan (may reference business plan, staff plan, health and wellness plan)	
Quality Plan	
Risk management plan	

<sup>18</sup> Māori, Pacific, elderly, families with children, people living with mental illness / addiction, social deprivation, disabilities,

<sup>19</sup> Core Pharmacy Services: Medicines supply, dispensing services, synchronisation of dispensed medicines, Over the Counter Medicines, Pharmacist Only Medicines, minor Ailments and triaging, medicine reconciliation, medicines advice, and health promotion

<sup>20</sup> Could include, but not limited to: Opioid Substitution Therapy, Needle Exchange Programme, Clozapine, Screening – blood pressure, nutritional assessment, pulse assessment, Diagnostic tests, Smoking Cessation, Vaccinations, Medicine administration, Deliveries, Adherence packing, Aseptic services, Medicine management services (CPAMs, MUR).

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• Clinical event management	
• Consumer complaints	
• Contingency planning including natural disasters	
• Health and Safety	
Pharmacy professionalism policy covering how will comply with:	
• Code of Ethics and	
• Pharmacy Council guidance	
Stock policy covering how will comply with:	
• Providing all required medicines	
• Description if compounding will be provided	
Health and Wellness Policy	
• Compliance with national Food and Drink policy (may refer to REDS plan)	
• Compliance with other national policy e.g. Sustainability	
• Statement on alcohol / smoking products	
• Statement on gambling	
• Health promotional activities	
• Staff health and wellness	
• Community health and wellness	
Note, all must be completed before convening Assessment Panel. If not, please require further information to be provided.	
Further information require:	
Date requested	
Date received	
Second assessment by:	Date:
<b>Date pre-assessment deemed complete on:</b>	
Date assessment panel notified:	
Date Assessment panel convened:	