**Appendix B**

**Endorsed Provider: Pharmacy/Pharmacist Supplementary Form**

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| Application Summary | | | | | |
| Contract applied for  (Please indicate one) | New ICPSA agreement  **(Complete all)** | New owner for current agreement holder  **(Complete those marked O)** | Relocation of current ICPSA holder  **(Complete those marked L)** | Satellite location of current ICPSA holder  **(Complete those marked S)** | Service contracted external to ICPSA  **(Complete those marked P)** |
| *Response* | *Response* | *Response* | *Response* | *Response* |
| Description of agreement being sought[[1]](#footnote-1) | *Response* | | | | |
| Specify the date you  propose to commence  provision of services within  HBDHB catchment area2[[2]](#footnote-2) | *Response* | | | | |
| Service location / physical  address | *Response* | | | | |
| Web address: | *Response* | | | | |

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| Signed on behalf of the organisation submitting this Form | | |
| **Name (Printed)** | **Signature** | **Date** |
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| 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? | |
| 1.1  **S,**  **P,**  **O or**  **L – only if service location will change** | **Indicate the Pharmacist/pharmacy services that your organisation intends to provide.**   * **ICPSA Schedules offered: 1, 2, 3A, 3B - all mandatory seven pharmacy services are offered?** * **Confirm supply of all medicines – acute, long-term, refrigerated, CDs** * **Medicine Related: Medicine administration, Deliveries, Adherence packing, Medicine management services (CPAMs, MUR).** * **Health services: Needle Exchange Programme, Screening, Smoking Cessation, etc.**   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.  Describe how you will ensure the community is fully informed of the Pharmacy/ pharmacist services you provide for them and how to access them.  Describe any aspect of your proposed services that do not fully comply with the requirements of the contract service you are seeking.  Provide the names of other pharmacist/pharmacy providers within 5km of this applicants proposed location. |
| **Response:** |
| 1.2  **O,**  **L,**  **S,**  **P** | **Describe how trading hours (provided in Endorsed Provider form) are reflective of community need and ensure adequate access (including after hours)**   * **Opening hours reflect community need and increase current access provided** * **Applicant must mention if after-hours fees are going to be charged**   **Describe how your organisation will seek to minimise barriers and improve Service User’s ability to access your services.** |
| **Response:** |
| **1.3**  **O**  **P** | **Business planning and financial documents can demonstrate a long-term sustainable business.**   * **Submit business plan** * **Submit financial projects**   **Provide your business continuity plan and confirm you will participate in HBDHB emergency and pandemic planning to support pharmacy service delivery during major incidents or emergencies.**   * **Comprehensive plan for all major incidents and natural disasters** * **Additional information for Emergency Contact (provided in Endorsed Provider form)** * **Emergency contact (1) email address:** * **Emergency contact (2) email address:** |
| **Response:** |
| **Additional information on providing timely and accessible pharmacy/pharmacy service:** | |

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| Safe Pharmacy/Pharmacist Service **Delivering pharmacy/pharmacists services which minimise risks and harm to service users. Avoiding harm to patients that is intended to help them.**  When the patient most needed to be safe, were they? | |
| 2.1  **O,**  **S,**  **P** | **The company owners and shareholders can demonstrate good character and business practices.**   * **Describe your organisation’s governance structure, including qualifications and experience of all members, and indicate the duration each has held their current position.** * **Describe your organisation’s current management structure, include names, qualifications, and experience of all management team members and indicate the duration each has held their current position.** * **Have the responsible person/s, pharmacist shareholders and/or Charge Pharmacist never had conditions imposed on their Annual Practicing Certificate (APC) or had an APC cancelled. If yes, please provide details.** * **Have the responsible person/s, pharmacist shareholders and/or Charge Pharmacist had conditions imposed on their Ministry of Health (MoH) Pharmacy Licence or had it cancelled. Licence conditions are imposed under Section 51 of the Medicines Act 1981. If yes, please provide details.** * **Evidence of acceptable Police Check form for the Responsible Person/s and Charge Pharmacist.** * **Evidence of acceptable Vulnerable Children Act questionnaire for Responsible Person/s and Charge Pharmacist.**   **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:**   * **An offence under the Medicines Act 1981, or the Misuse of Drugs Act 1975, or regulations made under these** * **A crime involving dishonesty (within the meaning of section 2(1) of the Crimes Act 1961); and** * **Any pending criminal proceedings against the applicant in New. Zealand and elsewhere** * **Any protection order made against the applicant under the Domestic Violence Act 1995** * **Any other Court Order made against the applicant, in New Zealand or elsewhere, that is or may be relevant to the application.** |
| **Response:** |
| **2.2**  **O,**  **S,**  **P (service related)** | **Pharmacy has policies and procedures demonstrating compliance with Pharmacy Services Standard NZS 8134.7:2010, relevant legislative, professional requirements, and Service documentation ensuring care is patient-centric and safe, e.g. pharmacist interventions, maintains patient medicine profile.**   * **Provide all Medsafe Quality Audit reports issued to pharmacies you have owned, or managed, over the last three years.** * **If you have quality plans/documents required by requested contract service specifications please list them and attach a copy with this application. 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. Note: SOPs may be draft for new business.** * **SOP provided for each of the pharmacy services provided, for facilities/equipment to ensure compliance with legislation, for consumer complaints, Code of Rights, and advertising** * **Describe how you intend to ensure compliance with Pharmacy Services Standard NZS 8134.7:2010 & Pharmacy Council of NZ standards and guides.** * **Clinical event management process and consumer complaints process.** * **Health and Safety management process, including infection control, staff-safety risks.** * **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.** |
| **Response:** |
| **2.3**  **O,**  **L,**  **S,**  **P** | **The facility within which the service is delivered is consumer-friendly, disability accessible, and supports clear access to pharmacist and pharmacy services.**   * **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.** * **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 Pharmacy Services Standard NZS Standard 14, including wide aisles, automatic doors, hearing aid loops within building, suitable lightening, consulting area is large enough for whānau to be present, Open space within the pharmacy to enable wheelchair access.** * **Suitable description of how community will contribute to the pharmacy environment look and feel.** * **Provided evidence of utilisation of resources when planning pharmacy, e.g. dementia-friendly best practice, youth- friendly assessment tools.**   **If the service does not have a physical space, describe how your pharmacy services will be consumer-friendly, disability accessible, support clear access to pharmacist and pharmacy services, and complies with Pharmacy Standards.** |
| **Response:** |
| **Additional information on providing timely and accessible pharmacy / pharmacy service:** | |

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| Experience is person and whānau-centred **Delivering pharmacy / pharmacist services which takes into account the preferences and aspirations of individual service users and the cultures of their communities. Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. 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.**  How did it feel to be cared for in our system? | |
| **3.1**  **O,**  **L,**  **S,**  **P** | **Describe how services respect Māori values and beliefs and their importance in responsiveness to Māori consumers.**   * **Provision of Māori Plan.** * **Demonstrate clear engagement with Māori/Pacific community.** * **Clear description of how the local Māori community has had input on the pharmacy service design.** * **Provide an outline and/or evidence of how you will achieve Goal 1, 3 and 4 set out in the Health Strategy for the Pharmacy Profession.** [**https://www.psnz.org.nz/Folder?Action=View%20File&Folder\_id=86&File=maorihealthdocweb.pdf**](https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=86&File=maorihealthdocweb.pdf) * **Provide an outline and/or evidence of how you will implement the four pathways of action in He Korowai Oranga, the Mäori Health Strategy.** [**https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga**](https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga) * **Outline your activity and self-assessed score for engagement, responsiveness and experience against the HQSC Consumer engagement quality and safety marker framework (**[**https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/QSM/Consumer-engagement-QSM/Consumer-Engagement-QSM-Framework.pdf**](https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/QSM/Consumer-engagement-QSM/Consumer-Engagement-QSM-Framework.pdf)**)**   **Demonstrate a commitment to hearing, sharing, and responding to whānau voice in the delivery of pharmacy services.**   * **Consumer engagement plan provided and actively described what information will be shared with DHB to provide collective consumer voice.** * **Covers ICPSA requirements.** * **Can describe how will respond to feedback and inform community of results.**   **Resources:**   * [**http://www.hqsc.govt.nz/assets/Consumer-Engagement/Publications/DHB-guide/engaging-with-consumers-3-Jul-2015.pdf**](http://www.hqsc.govt.nz/assets/Consumer-Engagement/Publications/DHB-guide/engaging-with-consumers-3-Jul-2015.pdf) |
| **Response:** |
| **3.2**  **O,**  **L,**  **S,**  **P** | **Demonstrate you have knowledge of the community profile in which the services are to be delivered. Provides appropriate services that match the community. Profile inclusive of the socio-cultural determinants that make up the community.**   * **Clear description of cultures within community they serve.** * **Consumer engagement plan outlines clearly and realistically how pharmacy staff/ management will connect with these communities** * **Demonstrable service delivery (staff competencies and behaviours) that supports health service navigation.** |
| **Response:** |
| **3.3**  **O,**  **L,**  **S,**  **P** | **Describe how your environment supports safe consultation, privacy and confidentiality for individuals utilising the service.**  **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.**   * **Private consulting area/s.** * **Areas suitable for OST if provided.** * **Suitable areas for access to pharmacist for conversation that isn’t overheard, i.e. away from till, etc.** * **Pharmacist and pharmacy services clearly identified and easily accessible, especially on entrance into the building/space.** * **Discuss cultural safety training for staff so that consultations are culturally safe for the community.** |
| **Response:** |
| **Additional information on providing a person and whānau-centered pharmacy/pharmacy service:** | |

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| Equitable Pharmacy Service **HBDHB, and this application, demonstrate commitment to a rights-based approach to health to meet the responsibilities under Te Tiriti o Waitangi. Delivering pharmacy/pharmacist health care which does not vary in health outcomes because of personal characteristics such as gender, race, ethnicity, geographical location, or socio-economic status. Good health care for all, regardless of gender, ethnicity, age or income.** | |
| **4.1**  **O,**  **L,**  **S,**  **P** | **Applies an equity lens through the design, implementation and delivery of services that support and reduce barriers for high needs groups.**   * **High needs groups’ service will be serving well described.** * **How services will be delivered to different groups to achieve equity.** * **Services described will be provided in appropriate manner for our priority population.** * **Services described will improve health outcomes for our priority population.** * **Current health outcomes of community will not be compromised.** * **Potential to reduce health outcomes of some currently.** * **Commitment to NHI lookup for Prescription Subsidy Card.** * **Acknowledgement of asking about use of ManageMyHealth.** |
| **Response:** |
| **4.2**  **O,**  **L,**  **S,**  **P** | **Provides a responsive service that incorporates health literacy and health service navigation to meet consumer and community needs.**   * **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.** * **Clear focus on Priority Populations: Māori, Pacific, elderly, families with children, people living with mental illness/addiction, social deprivation, disabilities.** * **Outline as a health profession focused on medicine management, how the service will actively support your community to achieve medicine literacy and medicine adherence.** |
| **Response:** |
| **4.3**  **O,**  **S,**  **P** | **Describe how the service supports, rather than undermines, the provision of equitable pharmacy services across the total Hawke’s Bay district.** |
| **Response:** |
| **4.4**  **O,**  **L,**  **S,**  **P** | **Describe how your workforce structures and employment policy and process reflect the diverse cultural needs of the Hawke’s Bay community.**   * **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.** * **Provide outline and/or evidence of how you will achieve Goal 2 set out in the Māori Health Strategy for the Pharmacy Profession.** [**https://www.psnz.org.nz/Folder?Action=View%20File&Folder\_id=86&File=maorihealthdocweb.pdf**](https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=86&File=maorihealthdocweb.pdf) |
| **Response:** |
| **Additional information on providing a pharmacy/pharmacy service which ensures equitable health outcomes for all.** | |

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| Effective Pharmacy Service 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.  The right care providing good outcomes. | |
| 5.1  **O,**  **L,**  **S,**  **P** | **Describe how your service demonstrates providing services consistent with relevant national and local strategic priorities for pharmacy and pharmacy services including:**   * **Pharmacy Action Plan** * **Medicines NZ** * **ICPSA** * **HBDHB Pharmacy in the Community Strategic Direction**   **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.** |
| **Response:** |
| 5.2  **O,**  **L,**  **S,**  **P** | **Demonstrate a good understanding of the health needs of the community you are serving, and how the services provided support delivering on these needs.**   * **Describe how your organisation’s proposed approach to service delivery will meet needs of the community and resolve identified unmet need. Describe any potential risk for increased inequity.** * **Please describe the community you will be providing services too if this is unclear within the application.** |
| **Response:** |
| 5.3  **O,**  **L,**  **S,**  **P** | **Describe how you will work in an integrated and inter-professionally collaborative manner with health care providers**   * **Well described collaborative working relationships with number of other health providers** * **Describes processes for communicating and linking with these providers** * **Describe process for collecting and using feedback from health care providers on service delivery**   **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.**   * **Extensive list of health services beyond general practice and hospital** * **Good understanding of other health providers operating in the same community** |
| **Response:** |
| **Additional information on providing a person and whānau centred pharmacy / pharmacy service:** | |

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| Efficient Pharmacy Service **Delivering pharmacy/pharmacist services in a manner which maximises resource use and avoids waste. 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.**  Is the pharmacy productive? | |
| This application will increase patient safety in dispensing/prescribing processes, while supporting efficiencies for both prescribers and pharmacists. | |
| 6.1  **O,**  **L,**  **S,**  **P** | Describe your commitment to utilise information technology fully including implementation of all national eHealth initiatives relevant to pharmacy as they develop.   * **Describe how pharmacy software will be utilised for patient care and safety.** * **Confirm national use of all database information available to ensure care is patient-centric and safe, for example, NIR, Exemption card records.** * **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.** * **Describe your use of automation or other technology.** * **Online services with suitable security and privacy settings.** |
| **Response:** |
| 6.2  **O,**  **L,**  **S,**  **P** | **Describe how you will ensure services during operating hours are provided by appropriate number of staff, with suitable and documented qualifications and skills.**   * **When specialist services are provided in the pharmacy, there will be more than one pharmacist on duty.** * **Describe the number of staff, and their qualifications and skills.** * **Provide following information:**   **a) Daily prescription volume: FTE staff ratio, and**  **b) Daily prescription volume: FTE dispensary staff ratio.**  **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.**   * **Please outline where multiple enhanced services are provided, pharmacist staff numbers and rostering demonstrate that multiple pharmacist are on duty to avoid untimely service delivery.** * **Outline your planned activity in training programmes to develop Hawke’s Bay workforce, including participating in local career development activities, including training of interns and/or technicians.** * **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.** |
| **Response:** |
| 6.3  **O,**  **L,**  **S,**  **P** | **Describe your policy for sustainability and environmental awareness, including:**   * **How you will contribute to creating a healthy, safe, nurturing, and sustainable environment.** * **Providing free service, in partnership with HBDHB, for the community to return unused medicines, including cytotoxic medicines, and sharps used for medical purpose.** * **Prioritisation to use locally provided goods and services and income from sales reinvested into Hawke’s Bay business/social enterprise.** |
| **Response:** |
| **Additional information on providing an efficient pharmacy/pharmacy service** | |

1. For Example: ICPSA (national Integrated Community Pharmacy Service Agreement), Medicine Use Review agreement [↑](#footnote-ref-1)
2. Note Allow a minimum of four weeks for the generation of agreement from the date that all necessary

   approvals have been granted. [↑](#footnote-ref-2)