

**Document No:** 1913882

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**TITLE: Community Pharmacy Contracting Policy**

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Processed by: T Fraser

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## 1 Purpose

The purpose of this document is to enable Lakes DHB to make decisions relating to community pharmacy contracts that:

- are consistent with its legal obligations;
- align with the Lakes DHB Community Pharmacy Strategic Plan 2019 to 2025;
- support achievement of the objectives of the Pharmacy Action Plan 2016-2020 published by the Ministry of Health; and
- give effect to Lakes DHB's statutory functions and objectives under the New Zealand Public Health and Disability Act 2000, including  
*"to seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local...needs"* (section 22(1)(ba)).

The purpose of this policy is to set out the Lakes DHB policy requirements for the contracting of community pharmacy services. Contracting includes all of the business processes associated with purchasing community pharmacy services, from the identification of need through to the end of the contracting process.

## 2 Context

In 2018, all community pharmacies within the Lakes region signed the Integrated Community Pharmacy Services Agreement (ICPSA). The contract placed emphasis on clinical services and enabled local DHBs to purchase locally focused and targeted services. The ICPSA enables Lakes DHB to configure and shape its community pharmacy services to ensure that there is a greater emphasis on targeting inequities and achieving better health outcomes for our communities. In October 2019, Variation 1A to the ICPSA will be offered to community pharmacy providers. That variation includes changes to the location clause.

The **Lakes DHB Community Pharmacy Strategic Plan 2019 to 2025** outlines the vision that Lakes DHB has for community pharmacy services.

A DHB is not required to enter into an agreement with every pharmacy licence holder that makes an application for an agreement. Lakes DHB now intends to take a more selective approach when making community pharmacy contracting decisions, as set out in this policy.

## 3 When this policy applies / scope

This policy applies to:

- all requests received by Lakes DHB for a new ICPSA; and
- all requests received by Lakes DHB for the relocation of existing community pharmacies that hold an ICPSA with Lakes DHB that was entered into:
  - prior to 1 October 2019, and that have signed Variation 1A; and
  - on or after 1 October 2019.

This policy does not to apply to transfer of ownership, or changes to service schedules of existing community pharmacies which hold an ICPSA with Lakes DHB. However the Lakes DHB reserves the right to seek further advice on decision making should the entity proposed to be transferred too fundamentally undermines the Lakes DHB strategic direction.

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Lakes DHB will also consider this policy when assessing pharmacy service provision in the Lakes region (or parts of that region) more generally.

This policy applies to:

- all employees and Board Members of Lakes DHB;
- all External Personnel; and
- any other designated person or organisation (including all independent contractors) dealing with contracting of Community Pharmacy services for, or on behalf of, Lakes DHB.

#### 4 Authorisation

As signed above by, or on behalf of the Director Strategy, Planning and Funding, Lakes DHB.

#### 5 Policy Statement

Lakes DHB wishes to focus on delivering person centred community pharmacy services that provide equitable access and a positive impact on health outcomes for the Lakes population. Community pharmacies should be capable of, not only complying with the requirements of the ICPSA, but also implementing actions that support the Pharmacy Action Plan and Lakes DHB's long term vision and strategy as outlined in Te Manawa Rahi, which include:

- achieving Equity in Māori Health;
- building an Integrated system; and
- strengthen people, whānau and community wellbeing.

Lakes DHB will continue to look for opportunities to contract services with community pharmacies to support Te Manawa Rahi and the Lakes DHB Community Pharmacy Strategic Plan with a focus on the following strategic objectives:

- decreasing inequity;
- increasing access to services;
- improving health outcomes;
- implementing the Pharmacy Action Plan; and
- ensuring sustainable pharmacy services.

This approach aims to take a quality improvement approach, with a focus on:

- delivery of services based on health need;
- equitable access to pharmacy services;
- patient self-care;
- innovation;
- integrated care;
- enhancing primary/community care linkages;
- collaboration with health care providers and consumers; and
- increasing primary/community care capacity.

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## 6 Process

Lakes DHB encourages anyone who may wish to request/apply for an ICPSA for a new community pharmacy (includes satellites), or a current community pharmacy seeking approval to relocate, to notify the DHB Planning and Funding three months before a potential ICPSA may be required (or the relocation needs to occur) or as soon as possible before committing to any lease or build.

Applications that are granted will be subject to the pharmacy provider meeting all legal requirements, including the requirement to obtain and maintain a licence to operate a pharmacy.

The process for submitting applications for new pharmacy or pharmacy service contracts will be as follows:

1. Applicants for new pharmacy services or contracts and current community pharmacies that have signed Variation 1A or who have a contract dated 1 October 2019 or later that seek to relocate must complete the relevant application form and send it to: Kathy Rex, Portfolio Manager, Strategy Planning and Funding, Lakes DHB or [Kathy.rex@lakesdhb.govt.nz](mailto:Kathy.rex@lakesdhb.govt.nz)
2. Lakes DHB will convene a panel to consider the information provided in the application form, having regard to matters set out below.
3. The panel may seek additional advice or information from other persons within, and external to Lakes DHB as required.
4. The panel may request further information from the applicant if required.
5. The panel will make a recommendation to the Director Strategy, Planning and Funding.
6. The applicant will be advised of the outcome of an application relating to a new ICPSA within three months of making the application. If an application is declined, the applicant may request that Lakes DHB review its decision. However, the ICPSA sets out specific timing requirements relating to relocation proposals.

## 7 Application Criteria

When making a decision on an application made in respect of this policy, the DHB will take into account the following matters (if relevant):

- applicant information – Annual Practising Certificate (including any conditions) and good character information;
- pharmacy information – proposed location, proposed services, opening hours, staffing FTE and qualifications;
- proximity to other pharmacy services in the proposed location – what services, distance from proposed site;
- whether and how the services to be provided by the applicant meets the relevant national and local strategic priorities for pharmacy and pharmacist services (as per the Policy Statement);
- how the pharmacies systems and processes meet the Lakes DHB Community Pharmacy Quality Standards (Appendix A);
- the population needs in the proposed pharmacy's location, how are they being met at present, and whether they will be met by the proposed pharmacy;
- how the pharmacy will work with other providers (particularly local general practices) to ensure integrated and continuity of care to patients;
- what support the applicant has from primary care providers in the area;
- the overall impact that approving the application might have on the provision of pharmacy and pharmacist services;
- in the case of a relocation, the needs of the community pharmacy's current service users; and
- any other matters that the DHB considers to be relevant to its assessment of the application.

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## 8 Implementation of new ICPSA

Applications for a new ICPSA that are granted will be subject to the pharmacy subsequently obtaining and maintaining a pharmacy licence through the Ministry of Health.

In order to receive an ICPSA, the applicant must submit an Application for Pharmacy Agreement & Payee (Claimant) Number to Lakes DHB.

If the applicant fails to begin providing the service within 180 days of approval by Lakes DHB, the approval will be deemed to be revoked and a new application will be required, unless otherwise agreed with the DHB.

## 9 Policy Review

The policy will be reviewed at a minimum two yearly.

**Prepared by: Director, Strategy Planning & Funding**

**Authorised by: Board Chair**

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## **Appendix A      Lakes DHB Community Pharmacy Quality Standards**

The Community Pharmacy Quality Framework outlined in Lakes DHB Community Pharmacy Strategic Plan 2019 to 2025 provides the framework by which Lakes DHB can proactively plan, implement and evaluate initiatives that can be delivered by community pharmacies to ensure that they are aligned to our strategic objectives and meet the needs of our communities.

The Lakes DHB Community Pharmacy Quality Standards are outlined on the following pages.

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## 1. Person and Whānau Centred Care

As a user I want..	Key Performance Indicators	Rationale
Access to the right services in the right place at the right time	Offers extended opening hours and/or other opportunities for improving access	To provide patients with opportunities to obtain medicines, services and seek advice outside of standard business operating hours
	Offers home visits to those that need it	To provide home-bound patients with advice, education and other pharmacy services with a focus on identifying and attending to those who need it
	Willing to consider integration/collaboration with local GPs and/or other healthcare providers	To provide a multidisciplinary service
	Delivers culturally safe and competent pharmacy/pharmacist services to patients/ communities	Responsive to the physical, cultural and spiritual needs of patients/ communities in relation to their health care
	Facilitates support services when required	People have access to advocates, interpreters, and other support when required
	Maintains patient medication profiles and documentation of pharmacist interventions	To ensure continuity of care
An environment that is inviting with good access regardless of my level of mobility, or cognitive or other abilities	The footprint is adequate to support future growth and required services e.g. collection of pharmaceutical waste, compliance packaging	To support an increased scope of pharmacy services
	An appropriately placed and adequately fitted out private consulting area is available for interviews & counselling	To provide a suitable consulting environment
	Wheelchair access is available to the pharmacy and consulting room(s)	To enable equity of access for all patients
Access to pharmacy services regardless of where I live	Locality-based Pharmaceutical Needs Assessment	To enable targeted services to meet community need
	Number of pharmacies in locality appropriate to population	To enable access regardless of location
	Location of pharmacy, distance to and between pharmacies	Pharmacy services are close to home

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## 2. Service Delivery

As a user I want..	Key Performance Indicators	Rationale
To have a pharmacy home where I have a good relationship and where all of my medicines/pharmacy-related needs can be met	Delivers services that focus on reducing inequities and improving outcomes for vulnerable or high needs groups	To build long-term relationships with the community and an understanding of health need
	A range of pharmaceutical services are offered	To ensure patients have choices and can access the pharmacy services they need
	Offers full range of medicines provision and medication management services	To enable patient centric care
	Offers assessment and screening services e.g. blood glucose testing, pregnancy testing	To support self-management and/or recommend referral to another health care provider when needed
	Offers diagnostic tests e.g. blood pressure monitoring, peak flow monitoring	To encourage early diagnosis and appropriate early intervention
	Has a process in place for recording and investigating adverse events	To ensure that future service delivery is informed by learning from adverse events/near misses
	Procures and/ or stocks medicines as required or facilitates users obtaining the service from another provider	To facilitate access to a full range of medicines
	Supports health promotion plans/ activities	To support prevention and early intervention
	Has standard operating procedures in place	To ensure consistent, quality services are provided

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### 3. Capacity and Capability

As a user I want..	Key Performance Indicators	Rationale
A pharmacy that provides expertise and leadership in medicines/pharmacy-related services	All pharmacy staff have a good understanding of the health needs of their community	To contribute to the achievement of local goals, health targets and service priorities
	Preparedness to participate in new service initiatives where identified for population	To respond to the health needs of the community
	Staffing mix is adequate based on anticipated volumes to enable direct pharmacist interaction with clients	Pharmacists have time to spend with people when they need it
	The pharmacy has a business continuity plan in place	To ensure maintenance/provision of essential pharmacy services
	The pharmacy has the IT capability and willingness to implement e-pharmacy as it develops	To promote shared/integrated care and connected services
	Customer surveys are completed annually, including the wider community and those that don't often engage	To seek community and provider feedback that contributes to on-going improvement of pharmacy services
	All pharmacy staff have training in the HDC Code of Rights which is prominently displayed along with brochures	To ensure the community has a mechanism for raising concerns and having these appropriately managed
To know that I am getting current, evidence based expert advice on pharmacy and medicines related services	Pharmacist(s) have qualifications/ competency and sufficient experience to establish good patient relationships and to positively influence patient behaviours	To provide care based on current best practice
	Information about services offered is readily available	The community has easy access to information about medication, eligibility, costs, and services offered
	A nominated pharmacist with suitable experience, and professional knowledge is responsible for the day-to-day delivery of professional services within the pharmacy	To ensure high standards of care are maintained
	Pharmacies have a quality improvement system/plan in place which includes audit/evaluation of services	Pharmacy has a commitment to continuous improvement
	Pharmacy is marketed as a career of choice for Māori	The workforce is culturally diverse and culturally competent

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	Staff are supported to remain current in pharmacy best practice and are appropriately accredited to deliver specialist pharmacy care	The community has confidence that they are getting the care they need
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## 4. Collaboration

As a user I want..	Key Performance Indicators	Rationale
To receive a high quality professional service as part of a multidisciplinary programme of care	Works collaboratively with local GPs & other providers, including Māori providers to improve health outcomes	Patients receive holistic care in a shared care/integrated health care system
	Provides community education	To develop relationships with the community focusing on high risk /high needs/vulnerable groups
	Engages with the community to support particular health and wellness campaigns	Targeted education and support is provided to those that need it
	Engages with Māori communities	To improve health outcomes for Māori
	Technology, including on-line services are used to support service delivery where/when available	To facilitate shared/integrated care and remove barriers to access to appropriate care

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## Appendix B      Application Forms

The templates on the following pages will be used as part of the application and evaluation process for Lakes Community Pharmacy Funding Agreements.

Use **Application Form 1** if you are applying to Lakes DHB for a new ICPSA.

Use **Application Form 2** if you are proposing to relocate your community pharmacy and you hold an ICPSA with Lakes DHB that was entered into:

- prior to 1 October 2019, and you have signed Variation 1A to that ICPSA; or
- on or after 1 October 2019.

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# Lakes DHB Application for a new Community Pharmacy Funding Agreement

## Guidelines for Application Form 1

Lakes District Health Board (DHB) encourages anyone who may wish to apply for an Integrated Community Pharmacy Services Agreement (ICPSA) for a new community pharmacy to notify the DHB of that intention as soon as possible.

All requests for a new ICPSA with Lakes DHB must be made on this Application Form, and be submitted to: Portfolio Manager, Strategy Planning and Funding. Receipt of the application will be acknowledged by email by within five working days. Lakes DHB is not responsible for applications that are not received.

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 Lakes DHB.

Applicants should note that describing a requirement as being “complied with” or stating that the services required “can be provided” (or words to such effect) is not sufficient. A full response to each question is required.

Additional documentation in support of your application can be attached to your Application Form. If supplementary information is provided, ensure that clear cross-referencing between the Application Form and supplementary material is provided. Lakes DHB may not review additional information if it considers that the information provided is outside the scope of the evaluation.

This document should be read in conjunction with:

- The terms and conditions specified at the end of this form.
- Lakes DHB Community Pharmacy Strategic Plan 2019-2025.
- Lakes DHB Community Pharmacy Commissioning Policy.
- [Integrated Community Pharmacy Services Agreement](#) as updated/amended from time to time.
- [Medicines Act 1981](#) and [Medicines Regulations 1984](#).
- Health and Disability Services Pharmacy Standards (New Zealand Standard NZS 8134.7: 2010) as updated/amended from time to time.

This Application Form is not an offer and does not constitute a process contract. It is an invitation to submit information that Lakes DHB will use to determine whether to commence contract negotiations. If Lakes DHB chooses to commence negotiations, it will not be bound in any way until the execution of a written agreement.

Lakes DHB will not be bound by any statement, written or verbal, made by any person other than Lakes DHB authorised representative in relation to this application.

Lakes DHB accepts no responsibility for any error in this Application Form or related documents.

Lakes DHB is under no obligation to check supplied information for errors.

Lakes DHB may withdraw or amend this Application Form at any time.

Lakes DHB reserves the right, in its sole discretion, to deviate from any stated process (including any stated evaluation process) at any time and for any reason.

All Applicants are required to confirm their acceptance of the terms and conditions listed above by signing the Agreement and Acknowledgements section of this form.

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## Application Form 1

Applicants should familiarise themselves with the criteria to be met and the Lakes DHB Pharmacy Quality Standards before preparing their application.

Organisation Details				
Legal entity name	[ ]			
Trading name	[ ]			
Legal entity type	[ ]			
GST number	[ ]			
Name, position and primary contact details of person(s) who is/are authorised to enter into agreements on behalf of your organisation	[ ]			
Mailing address	[ ]			
Physical Address of pharmacy (if different)	[ ]			
Phone	[ ]			
Fax	[ ]			
Email	[ ]			
Web address	[ ]			
Contact person for queries relating to this application	Name:	[ ]	Phone Number:	[ ]
	Position:	[ ]	Email Address:	[ ]
Organisation experience				
Provide information about the governance and management structure of your organisation, including the relevant qualifications and experience of the members.	[ ]			
Describe any experience that your organisation has had delivering community pharmacy services in New Zealand.	[ ]			
Provide a business case that demonstrates that due diligence has been completed, and the proposed new pharmacy is expected to be effective, efficient, and sustainable.  This assessment is expected to include consideration of the financial viability of the proposed service.	[ ]			

Indicate whether your organisation has been the subject of a breach finding of the Code of Health and Disability Services Consumers' Rights in the last 24 months. If yes, provide details.	
Has the applicant had a Ministry of Health licence that has had conditions applied or cancelled? If yes, provide details.	
<b>Proposed Services and Location</b>	
What communities and locations does your organisation intend to provide community pharmacy services to?	
Does your organisation intend to provide all PHARMAC Schedule non-section H medications to patients if requested and required - including high cost medications? Note: exemptions may apply as directed by Lakes DHB or PHARMAC.	
Specify the date your organisation proposes to commence provision of community pharmacy services within the Lakes DHB catchment area.	
Provide the names of other community pharmacy service providers that are currently operating within the area that you intend to provide services	
Provide information on co-located and nearby services and facilities relating to: <ul style="list-style-type: none"> <li>better population health outcomes, such as healthy eating, healthy exercise, social inclusion, etc.</li> <li>alcohol, tobacco sales gambling facilities, or other services that oppose better population health outcomes.</li> </ul>	
Provide information on how, in the context of co-located and nearby services, your organisation will increase positive health outcomes, and minimize and mitigate negative health outcomes.	

## Lakes DHB Community Pharmacy Quality Standards

Provide information about how the organisation will meet the Community Pharmacy Quality Standards:  
(Found in the Lakes DHB Community Pharmacy Commissioning Policy)

### Person Centred Care

To ensure that the right services are in the right place at the right time

Describe the population(s) your organisation is intending to service. Outline unmet needs your organisation has identified or improvements/innovations your services could make for patients.	
Describe how your organisation will provide person-centred care as per the Lakes DHB Pharmacy Quality Standards.	
Provide a simple plan of your organisation's facility describing the purpose of each area in relation to the services identified above. The plan should identify a private consulting area, and how this is accessed, where service-related conversations cannot be overheard by other clients in the pharmacy.	
What are your organisation's proposed operating hours?	

### Service Delivery

To provide users with a pharmacy home that has the ability to support all their medicines/pharmacy-related needs

Describe your organisation's service philosophy.	
List the services that your organisation intends to provide to meet the needs of the population you intend to serve.	
Will your pharmacy participate in local/national health promotion initiatives and/or other pharmacy initiatives?	

<b>Capacity and Capability</b> To ensure the pharmacy has the capacity to take ownership of medicines-related outcomes and the capability to deliver high quality professional services as part of a multidisciplinary programme of care	
Outline the proposed IT setup and intended approach to ensuring communication with key providers in the primary care team.	
How many pharmacists, interns, technicians does your organisation propose to employ based on your business plan?  Include staffing ratios and qualifications.	
Describe the credentials of the pharmacist who will be responsible for day to day delivery of professional services (Include years since graduation, previous experience managing a pharmacy, hours of attendance at the pharmacy). Are any conditions attached to the responsible pharmacist's APC?	
Provide a summary or attach a copy of your organisation's quality plan.	
<b>Collaboration</b> To ensure users receive a high quality professional service as part of a multidisciplinary programme of care	
Describe any collaboration you have had in previous community pharmacies (or that you have now) which you may have owned/managed and what engagement you have already had with primary care providers, PHOs or other community providers in the area.	
Describe how your organisation plans to use technology/online services to support integrated care.	



## Pharmacy Standards

Describe how you intend to ensure compliance with the Pharmacy Standards: NZS 8134.7:2010  
(as updated or amended from time to time):

<p><b>'Consumer Rights'</b> Pages 15-23 of Pharmacy Standards: NZS 8134.7:2010</p>	
<p><b>'Organisational Management'</b> Pages 25-33 of Pharmacy Standards: NZS 8134.7:2010</p>	
<p><b>'Continuum of Service Delivery'</b> Pages 33 to 43 of Pharmacy Standards: NZS 8134.7:2010 Please insert relevant Standard Operating Procedures (SOPs)</p>	
<p><b>'Safe and Appropriate Environment'</b> Pages 45 to 49 of Pharmacy Standards: NZS 8134.7:2010 Please insert relevant SOPs</p>	
<p><b>'Dispensing, Compounding, Repackaging and Batch Preparation'</b> Pages 51 to 95 of Pharmacy Standards: NZS 8134.7:2010 Please insert relevant SOPs</p>	
<p><b>'Aseptic Dispensing of Sterile Products in Community Pharmacies'</b> Pages 97 to 107 of Pharmacy Standards: NZS 8134.7:2010 Please insert relevant SOPs</p>	

## Referees

List two referees that we can contact to discuss your application. Family members of governance group members, management staff or other staff members will not be accepted as Referees. Similarly, family members of the spouses of such individuals will not be accepted as Referees.

Provide two referees that Lakes DHB can contact to discuss your application and suitability to provide community pharmacy services.	Name	Occupation	Contact Details (Phone and Email)	Relationship to Referee:

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## Agreements and Acknowledgements

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

- ✓ has reviewed the responses provided to each question in this Application Form and is satisfied that the information is true and correct;
- ✓ has satisfied himself/herself as to the correctness and sufficiency of their proposals;
- ✓ understand and accepts that he/she is responsible for the accuracy of the information in this application;
- ✓ understands that if any information provided in this proposal is found to be false, either prior to or after entering a service agreement, this will be grounds for Lakes DHB to remove the provider from the application process or cancel the agreement;
- ✓ has read and understood all referenced documents;
- ✓ has read and understood the terms and conditions listed in this Application Form and referenced documents;
- ✓ accepts and agrees to the terms and conditions listed in this Application Form and referenced documents;
- ✓ 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 Lakes DHB to provide community pharmacy services;
- ✓ understands that Lakes DHB approval of this application does not necessarily mean that a License to Operate a Pharmacy will be granted by the Licensing Authority;
- ✓ understands that Lakes DHB approval of this application in no way indicates that Lakes DHB considers the pharmacy will be commercially viable or successful;
- ✓ understands that a formal written Integrated Community Pharmacy Services Agreement must be executed by authorised signatories of Lakes DHB and your organisation before your organisation is permitted to provide community pharmacy services for Lakes DHB and receive payments under the terms of that Agreement;
- ✓ understands that Lakes DHB does not generally make payments against draft Agreements; and
- ✓ understands that while Lakes DHB will endeavour to process your application in a timely manner, Lakes DHB makes no commitment to approve this application in time for your proposed pharmacy opening date (indicated above).

Consent for Lakes DHB enquiries:

- The organisation submitting this proposal gives permission for Lakes DHB to make any enquiries or request from any person any information (including personal information about anyone who might have a role in providing the service) which may have a bearing on its/their ability to provide the service proposed. This includes persons not specifically listed as referees in the Application Form.

Confidentiality of Information:

- The information contained in this application will be treated as strictly confidential by the DHB, its agents and its advisors. The DHB 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. The DHB may, however, disclose the fact that your organisation submitted an application for a Community Pharmacy Services Agreement 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 proposal

Name	Signature*	Position	Date
[ ]	[ ]	[ ]	[ ]

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## Declaration of Conflicts of Interest

Applicants must disclose in writing to Lakes DHB, any interests which they are aware of, or become aware of, that could conflict with the submission of this application for an Integrated Community Pharmacy Services Agreement. Interests that must be disclosed include (but are not limited to) the following:

- You, or a senior member of your organisation, is or has recently been employed by Lakes DHB;
- You, or a senior member of your organisation, has an immediate family member or relative employed by Lakes DHB;
- You, or a senior member of your organisation, currently sits on the Lakes DHB Board or a Lakes DHB Advisory Board;
- You, a senior member of your organisation or your organisation has given gifts, donations or sponsorship to Lakes DHB or a particular Lakes DHB employee; or
- Your organisation is currently providing consultancy or advisory services to Lakes DHB or is otherwise directly associated in any way with Lakes DHB.

Appropriate management of conflicts of interest varies depending on the nature and type of conflict involved. Serious conflicts of interest may result in Lakes DHB refusing to consider an application from an organisation.

Name:		Organisation:	
Services:	Community Pharmacy Services	Date:	
I have interests to declare for the purpose of this request for proposal:		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, please declare interests below)
Individual / Organisation	Description of Interest		
I have read and understood the above Conflict of Interest information. I confirm that at the date of signing this form, that the information I have disclosed is true and complete. I agree to declare any conflicts of interest that may arise in relation to this service during the request for proposal process.			
Name (printed)	Signature*	Position	Date

**Please return your completed application to:** Portfolio Manager, Strategy Planning and Funding

Lakes DHB's preferred means of return is via email, with all information contained in this document. All other formats take longer to assess and won't leave you with an approved application for future assessments.

\* Where signatures are required, please insert a digital signature. If you prefer you can scan and submit these two pages.

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# Lakes DHB Application for current contract holder to relocate premises

## Guidelines for Application Form 2

Lakes District Health Board (DHB) encourages anyone who may wish to relocate an existing pharmacy (and who holds an ICPSA with Lakes DHB that incorporates variation 1A or was signed after 1 October 2019) to notify the DHB of that intention as soon as possible, and no later than 20 business days prior to the date the change is proposed to come into effect.

All proposals to relocate must be made on this Application Form, and be submitted to: Portfolio Manager, Strategy Planning and Funding. Receipt of the application will be acknowledged by email by within five working days. Lakes DHB is not responsible for applications that are not received.

Applicants are strongly encouraged to complete this application process prior to making any commitments which may be reliant upon this application being approved by Lakes DHB.

Applicants should note that describing a requirement as being “complied with” or stating that the services required “can be provided” (or words to such effect) is not sufficient. A full response to each question is required.

Additional documentation in support of your application can be attached to your Application Form. Where supplementary information is provided, ensure that clear cross-referencing between the Application Form and supplementary material is provided. Lakes DHB may not review additional information if it considers that the information provided is outside the scope of the evaluation.

This document should be read in conjunction with:

- The terms and conditions specified at the end of this form.
- Lakes DHB Community Pharmacy Strategic Plan 2019-2025.
- Lakes DHB Community Pharmacy Commissioning Policy.
- [Integrated Community Pharmacy Services Agreement](#) as updated/amended from time to time.
- [Medicines Act 1981](#) and [Medicines Regulations 1984](#).
- Health and Disability Services Pharmacy Standards (New Zealand Standard NZS 8134.7: 2010) as updated/amended from time to time.

Lakes DHB will not be bound by any statement, written or verbal, made by any person other than Lakes DHB authorised representative in relation to this application.

Lakes DHB accepts no responsibility for any error in this Application Form or related documents.

Lakes DHB is under no obligation to check supplied information for errors.

Lakes DHB may withdraw or amend this Application Form at any time.

Lakes DHB reserves the right, in its sole discretion, to deviate from any stated process (including any stated evaluation process) at any time and for any reason.

All Applicants are required to confirm their acceptance of the terms and conditions listed above by signing the Agreement and Acknowledgements section of this form.

If Lakes DHB has not notified you in writing of its decision on regarding this application within 20 business days from receiving it, consent is deemed to be given.

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## Application Form 2

Applicants should familiarise themselves with the criteria to be met and the Lakes DHB Pharmacy Quality Standards before preparing their application.

Organisation Details				
Legal entity name	[ ]			
Trading name	[ ]			
Legal entity type	[ ]			
GST number	[ ]			
Name, position and primary contact details of person(s) who is/are authorised to enter into agreements on behalf of your organisation	[ ]			
Mailing address	[ ]			
Physical Address of pharmacy (if different)	[ ]			
Phone	[ ]			
Fax	[ ]			
Email	[ ]			
Web address	[ ]			
Contact person for queries relating to this application	Name:	[ ]	Phone Number:	[ ]
	Position:	[ ]	Email Address:	[ ]
Organisation experience				
Provide a business case that demonstrates that due diligence has been completed, and the proposed relocated pharmacy is expected to be effective, efficient, and sustainable.  This assessment is expected to include consideration of the financial viability of the proposed service.				
Proposed Services and Location				
What communities and locations does your organisation intend to provide community pharmacy services to in the proposed new location?				
Specify the date your organisation proposes to relocate the community pharmacy.				

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Provide the names of other community pharmacy service providers that are currently operating within the area that you intend to provide services.	
Provide information on services and facilities co-located and nearby to the proposed relocated site relating to: <ul style="list-style-type: none"> <li>• better population health outcomes, such as healthy eating, healthy exercise, social inclusion, etc.</li> <li>• alcohol, tobacco sales gambling facilities, or other services that oppose better population health outcomes.</li> </ul>	
Provide information on how, in the context of co-located and services nearby the proposed location, your organisation will increase positive health outcomes and minimize and mitigate negative health outcomes.	
Provide information on how the needs of your organisation's current service users will be met if it relocates to the proposed location.	
<b>Lakes DHB Community Pharmacy Quality Standards</b> Provide information about how the organisation will meet the Community Pharmacy Quality Standards: (Found in the Lakes DHB Community Pharmacy Commissioning Policy)	
<b>Person Centred Care</b> To ensure that the right services are in the right place at the right time	
Describe the population your organisation is intending to service in the proposed new location. Outline unmet needs your organisation has identified or improvements/innovations your organisation's services could make for patients.	
Describe how your organisation will provide person-centred care from the proposed new location as per the Lakes DHB Pharmacy Quality Standards.	

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Provide a simple plan of your organisation's proposed facility describing the purpose of each area in relation to the services identified above. The plan should identify a private consulting area, and how this is accessed, where service-related conversations cannot be overheard by other clients in the pharmacy.	
What are your organisation's proposed operating hours? Are these different or the same as your organisation's current operating hours?	
<b>Service Delivery</b> To provide users with a pharmacy home that has the ability to support all their medicines/pharmacy-related needs	
List the services that you intend to provide to meet the needs of the population you intend to serve. Do you intend to provide different services in the proposed location?	
<b>Capacity and Capability</b> To ensure the pharmacy has the capacity to take ownership of medicines-related outcomes and the capability to deliver high quality professional services as part of a multidisciplinary programme of care	
Outline whether the proposed location will result in changes to staff. If so, specify those changes, and the reasons for the changes.	
<b>10 Collaboration</b> To ensure users receive a high quality professional service as part of a multidisciplinary programme of care	
Describe any collaboration you have had (or have now) with primary care providers, PHOs or other community providers in the proposed relocation area.	
<b>Pharmacy Standards</b> Describe how you intend to ensure compliance with the Pharmacy Standards: NZS 8134.7:2010 (as updated or amended from time to time):	
<b>'Continuum of Service Delivery'</b> <i>Pages 33 to 43 of Pharmacy Standards: NZS 8134.7:2010</i> <i>Please insert relevant Standard Operating Procedures (SOPs)</i>	

**'Safe and Appropriate Environment'**

Pages 45 to 49 of Pharmacy Standards: NZS 8134.7:2010

Please insert relevant SOPs

**Agreements and Acknowledgements**

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

- ✓ has reviewed the responses provided to each question in this Application Form and is satisfied that the information is true and correct;
- ✓ has satisfied himself/herself as to the correctness and sufficiency of their proposals;
- ✓ understand and accepts that he/she is responsible for the accuracy of the information in this application;
- ✓ understands that, if any information provided in this proposal is found to be false, either prior to or after entering a service agreement, this will be grounds for Lakes DHB to decline the application (and not permit the provider to relocate);
- ✓ has read and understood all referenced documents;
- ✓ has read and understood the terms and conditions listed in this Application Form and referenced documents;
- ✓ accepts and agrees to the terms and conditions listed in this Application Form and referenced documents;
- ✓ is duly authorised to make this application; and
- ✓ understands that Lakes DHB approval of this application in no way indicates that Lakes DHB considers the pharmacy will be commercially viable or successful in the new location.

Consent for Lakes DHB enquiries:

- The organisation submitting this proposal gives permission to Lakes DHB to make any enquiries or request from any person any information (including personal information about anyone who might have a role in providing the service) which may have a bearing on its/their ability to provide the service proposed.

Confidentiality of Information:

- The information contained in this application will be treated as strictly confidential by the DHB, its agents and its advisors. The DHB 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. The DHB may however disclose the fact that your organisation submitted an application to relocate 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 proposal

Name	Signature*	Position	Date
[ ]	[ ]	[ ]	[ ]

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## Declaration of Conflicts of Interest

Applicants must disclose in writing to Lakes DHB, any interests which they are aware of, or become aware of, that could conflict with the submission of this application. Interests that must be disclosed include (but are not limited to) the following:

- You, or a senior member of your organisation, is or has recently been employed by Lakes DHB;
- You, or a senior member of your organisation, has an immediate family member or relative employed by Lakes DHB;
- You, or a senior member of your organisation, currently sits on the Lakes DHB Board or a Lakes DHB Advisory Board;
- You, a senior member of your organisation or your organisation has given gifts, donations or sponsorship to Lakes DHB or a particular Lakes DHB employee; or
- Your organisation is currently providing consultancy or advisory services to Lakes DHB or is otherwise directly associated in any way with Lakes DHB.

Appropriate management of conflicts of interest varies depending on the nature and type of conflict involved. Serious conflicts of interest may result in Lakes DHB refusing to consider an application from an organisation.

Name:		Organisation:	
Services:	Community Pharmacy Services	Date:	
I have interests to declare for the purpose of this request for proposal:		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If Yes, please declare interests below)
Individual / Organisation	Description of Interest		
I have read and understood the above Conflict of Interest information. I confirm that at the date of signing this form, that the information I have disclosed is true and complete. I agree to declare any conflicts of interest that may arise in relation to this service during the request for proposal process.			
Name (printed)	Signature*	Position	Date

**Please return your completed application to: Portfolio Manager, Strategy Planning and Funding**

Lakes DHB's preferred means of return is via email, with all information contained in this document.

\* Where signatures are required, please insert a digital signature. If you prefer you can scan and submit these two pages.

## Appendix C      Legislative requirements

- [Public Health and Disability Act 2000](#);
- [Commerce Act 1986](#);
- [Employment Relations Act 2000](#);
- [Fair Trading Act 1986](#);
- [Health and Safety at Work Act 2015](#);
- [Human Rights Act 1993](#);
- [Medicines \(Database of Medical Devices\) Regulations 2003](#);
- [Official Information Act 1982](#);
- [Privacy Act 1993](#);
- [Sale of Goods Act 1908](#) as amended by the [Contractual Remedies Act 1979](#);
- [Treaty of Waitangi Act 1975](#);
- [Resource Management Act 1991](#); and
- Children's Act 2014.

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## Appendix D Further Information

Lakes DHB Website: <http://www.lakesdhb.govt.nz>

Integrated Community Pharmacy Services Agreement: <https://tas.health.nz/community-pharmacy/contract/>

Pharmacy Action Plan: <https://www.health.govt.nz/publication/pharmacy-action-plan-2016-2020>

New Zealand Health Strategy: <https://www.health.govt.nz/publication/new-zealand-health-strategy-2016>

Implementing Medicines New Zealand: <https://www.health.govt.nz/publication/implementing-medicines-new-zealand-2015-2020>

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