



COMMUNITY PHARMACY SERVICES APPLICATION FORM FOR TRANSFER OF AN EXISTING ICPSA

Application guidelines

MidCentral District Health Board (DHB) encourages anyone who may wish to apply for the transfer on an Integrated Community Pharmacy Services Agreement (ICPSA) to notify the DHB of that intention as soon as possible.

All requests for the transfer of an existing ICPSA with MidCentral DHB must be made on this Application Form, and be submitted to: contracts.department@midcentraldhb.govt.nz Receipt of the application will be acknowledged by email by within 5 working days. MidCentral 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 MidCentral DHB.

Consideration of applications for a transfer of an existing pharmacy contract will be guided by the criteria set out in the application form considered relevant and decisions about applications will be made in accordance with C.45 of the ICPSA. MDHB must be satisfied of the proposed transferee's ability to perform its obligations under the ICPSA and request reasonable details to inform any consent. The MDHB seeks to gain maximum quality improvement through any change.

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. Where the question is not considered by the applicant to be relevant this should be stated, however a full response to each question is recommended.

Additional documentation required in support of your application must 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. MidCentral 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
- Ministry of Health *Pharmacy Action Plan 2016-2020*, MidCentral Health *Pharmacy in MidCentral Strategy*. and the MidCentral [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 MidCentral DHB will use to determine whether to commence contract negotiations. Where MidCentral DHB chooses to commence negotiations, it will not be bound in any way until the execution of a written agreement.

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

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

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

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

MidCentral 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.

Application

Organisation details	
Contract Applied for	Integrated Community Pharmacy Agreement
Name or proposed name of Pharmacy (Trading name)	<i>Response</i>
Legal entity name	<i>Response</i>
GST number	<i>Response</i>
Location (suburb, street, co-location with medical centre/ surrounding medical practices etc.)	<i>Response</i>
Name, position and primary contact details of person(s) who is/are authorised to enter into agreements on behalf of your organisation	<i>Response</i>
Contact phone number and email address	Ph: Email:
Responsible Person under Medicines Act 1981	<i>Response</i>
Shareholding pharmacist(s)	<i>Response</i>

The following grading grid will be used as guidance when assessing whether the application meets Ministry of Health - Health and Disability Services Pharmacy Service Standards 2010, Pharmacy in MidCentral Strategy, Pharmacy in MidCentral Services Overview, MidCentral DHB Community Pharmacy Quality Standards and Community Pharmacy Service requirements. For a contract to be granted an applicant must have provided evidence for all areas, consistent with the requirements of clause C.45 of the ICPSA – this is the minimum expected standard. If there is inadequate evidence provided but only minor issues to resolve, further information will be requested from the applicant. If no or inadequate evidence is provided with significant issues outstanding an immediate decline will result.

Evidence Provided	Assessment
No or inadequate evidence provided with significant issues outstanding	Not met
Inadequate evidence provided but only minor issues remain	Can be met
Evidence provided	Met

1. Character and requirements	
<p>The following are attached:</p> <ul style="list-style-type: none"> • Completed Police Check form for the Responsible Person (and evidence of ID). • Completed Vulnerable Children Act questionnaire for Responsible Person. • Copy of current APC for the Responsible Person. • Evidence of support from primary care providers for the proposed location. 	<i>Response</i>
Confirmation that the responsible person or any of the shareholders have never had conditions imposed on their Annual Practising Certificate (APC) or had an APC cancelled, or details of any conditions imposed.	<i>Response</i>
Confirmation that the responsible person or any of the shareholders have never had conditions imposed on their Ministry of Health Pharmacy Licence or had it cancelled or details of any conditions imposed.	<i>Response</i>

Confirmation that you will provide all PHARMAC Schedule -section B, C and D medications to patients if requested and required, including high cost medications (exemptions may apply as directed by MidCentral DHB or PHARMAC).	<i>Response</i>
A copy of a Quality Improvement Plan that demonstrates processes for continuous quality improvement (CQI) of services and ensures compliance with all legislative and professional requirements is attached.	<i>Response</i>
A copy of the health and safety, adverse clinical event management process and infection control policies and procedures is attached.	<i>Response</i>
Confirmation that the proposed pharmacy hours of operations or services will not be decreased without written agreement of MidCentral DHB.	<i>Response</i>
Confirmation that the proposed pharmacy location will not be moved without written agreement of MidCentral DHB. This will be an agreed variation to the ICPSA agreement (specifically clause B.20(1).	<i>Response</i>
Evidence of solvency is provided.	<i>Response</i>
Major incident and emergency and Business Continuity Plans are provided.	<i>Response</i>
Confirmation that you will be a member of the MidCentral Community Pharmacy Group (MCPG) and provide services currently contracted through the MCPG	<i>Response</i>

2. Strategic alignment	
Describe how your pharmacy supports the Pharmacy Action Plan and Pharmacy in MidCentral Strategy – providing best practice advice and service so that the people of MidCentral achieve better health outcomes – People Centric, Best Practice, Better Health Outcomes	<i>Response</i>
Describe, referencing your Quality Improvement Plan, how you will provide people-centric care as per the Pharmacy in MidCentral Strategy and MidCentral DHB Community Pharmacy Quality Standards	<i>Response</i>

<p>Describe how your pharmacy will focus on wellness, preserving mana, and build on existing strengths of whānau, communities, and population groups, in particular how:</p> <ul style="list-style-type: none"> • Pharmacy 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. • Pharmacy services will maximise opportunities to meet needs of higher need population groups that include the elderly and those receiving mental health and addiction services. 	<i>Response</i>
<p>Describe how your pharmacy will improve health outcomes and achieve equity for all populations, in particular how:</p> <ul style="list-style-type: none"> • The Pharmacy service supports, the provision of equitable pharmacy services across the total MidCentral district. • The Pharmacy service design enables individuals, whānau and families to obtain, process and understand basic health information and services needed to make informed and appropriate health decisions. 	<i>Response</i>

<h3>3. Access</h3>	
<p>Describe the population you are intending to service. Outline the unmet needs you have identified or improvements/innovations your services will make for patients.</p>	<i>Response</i>
<p>List the services that you intend to provide to meet the needs and unmet needs of the population you intend to serve and in particular:</p> <ul style="list-style-type: none"> • Describe opportunities for improving access to pharmacy services; • The free and timely access to pharmacist advice as a function of the provision of funded services; and, • A dispensing pharmacy service providing all medicines as required per contract, supported by appropriate stock and procedures. 	<i>Response</i>

A simple plan of your facility describing the purpose of each area in relation to the services identified above is attached. The plan should identify the private consulting room and how this is accessed (where other clients in the pharmacy cannot overhear service-related conversations, disability access etc).	<i>Response</i>
Describe the location of the pharmacy, identify currently unmet needs, and explain how the proposed pharmacy will add value to the existing services being provided in the area. List the other pharmacies within 5km of the proposed location.	<i>Response</i>
What are your proposed days and hours of operation?	<i>Response</i>
Describe how you will serve people with difficulty accessing services.	

4. Resourcing	
The staffing plan and profile is attached.	<i>Response</i>
The workforce development plan identifying how staff will be provided with on-going training to maintain competency is attached.	<i>Response</i>

5. Resourcing	
Describe how your pharmacy will participate in local/national health promotion initiatives and/or other pharmacy initiatives?	<i>Response</i>
Describe how your proposed pharmacy will engage with co-located and nearby services and facilities promoting better population health outcomes, such as healthy eating, healthy exercise, social inclusion, etc.	<i>Response</i>
Describe how your proposed pharmacy will reduce or mitigate the adverse health impact of any co-located and nearby services and facilities relating to alcohol	<i>Response</i>

and tobacco sales, gambling facilities, or other services that contribute to poorer population health outcomes.	
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6. Integrated patient care	
Describe the 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.	<i>Response</i>
Describe the nature of the relationships your pharmacy will have with Integrated Family Health Centres and GP Teams.	<i>Response</i>
Describe how you will work with primary care providers to support better health outcomes, including sharing information	
Describe how you will engage with population groups with greater needs, including the elderly and those receiving mental health and addiction services.	<i>Response</i>
Describe how will you consider the aspirations of Māori, and meet the needs of Māori in relation to the delivery of services.	
Outline the strategies you will use to ensure that you are engaging with consumers in providing holistic services that address the physical, emotional, social, spiritual and intellectual aspects of health.	<i>Response</i>

7. Systems and processes	
Outline the proposed IT setup and intended approach to ensuring communication with key providers in the primary care team.	<i>Response</i>
Describe how you plan to use technology/online services to support integrated care.	<i>Response</i>
Describe how you plan to use Pharmacy dispensary software for patient care and safety – such as your	<i>Response</i>

commitment to utilise fully national databases to obtain and update patient information e.g. National Immunisation Register, NHI look up system for prescription subsidy scheme, and to provide this at no charge to consumers.	
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8. Attachments Checklist

Document	√
Completed Police Check form for the Responsible Person (and evidence of ID).	
Completed Vulnerable Children Act questionnaire for Responsible Person.	
Copy of current APC for the Responsible Person	
Evidence of support from primary care providers for the proposed location	
Quality Plan	
Health and safety, adverse clinical event management process and infection control policies and procedures	
Plan on how they will assist in achieving equity	
Evidence of solvency	
Major incident and emergency plan and Business Continuity Plan	
Facility plan	
Staffing plan and profile	
Workforce development plan	

9. 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 MidCentral 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 MidCentral DHB to provide community pharmacy services;
- ✓ understands that MidCentral 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 MidCentral DHB approval of this application in no way indicates that MidCentral.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 MidCentral DHB and your organisation before your organisation is permitted to provide community pharmacy services for MidCentral DHB and receive payments under the terms of that Agreement;
- ✓ understands that MidCentral DHB does not generally make payments against draft Agreements;
- ✓ understands that while MidCentral DHB will endeavour to process your application in a timely manner, MidCentral DHB makes no commitment to approve this application in time for your proposed pharmacy opening date (indicated above).

Consent for MidCentral DHB enquiries:

- The organisation submitting this proposal give permission for MidCentral 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