

CAPITAL AND COAST DISTRICT HEALTH BOARD AND HUTT VALLEY DISTRICT HEALTH BOARD ('2DHB')	
PHARMACY CONTRACTING POLICY: STRATEGY, PLANNING AND PERFORMANCE	
Type: Policy	Date: July 2021
Issued by: Rachel Haggerty	Version: 3
Applicable to: Strategy, Planning & Performance	Contact person: Rachel Haggerty Director Strategy, Planning and Performance

PURPOSE

The purpose of the 2DHB Policy for contracting with pharmacy providers is to help enable the DHBs to make contracting decisions that will advance the objectives of the Strategic Documents and to give effect to DHBs' statutory functions and objectives under the New Zealand Public Health and Disability Act 2000 ('NZPHD'), 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 Strategic Documents include:

- *Pharmacy Action Plan 2016 – 2020* (Ministry of Health)
- *Our Vision for Change* and *Future Pharmacist Services 2018-2023 Our five year strategy* documents (Hutt Valley DHB)
- *Health System Plan* (Capital & Coast DHB)

This policy will guide each DHB in making decisions relating to community pharmacy contracts consistent with its legal obligations.

References to '2DHB' are references to Hutt Valley DHB and/or Capital & Coast DHB, depending on the context or location of the particular application.

CONTEXT

Hutt Valley DHB produced pharmacist services strategy *Future Pharmacist Services* as both an enabler of the Hutt Valley DHB's strategy document *Our Vision for Change* and to make better use of a health workforce whose skills are under-utilised. Service supply and service quality are key aspects of *Future Pharmacist Services*.

It is now established that there is no legal requirement for a DHB to approve every application for a contract. 2DHB are taking a selective approach to contracting for pharmacy services.

POLICY STATEMENT

2DHB wishes to take a planned and thoughtful approach to the supply and location of community pharmacies in its region, and to ensure that those providers that it contracts with will be able to provide a high quality service to patients.

DHBs have a responsibility under the NZPHD to take a population health approach. As a funder, the DHB seeks to gain the best value from its health investments to ensure the overall objective of improving the health of those

living in their district. Part 1 of the Act addresses how this legislation should be used to recognize and respect the principles of the Treaty of Waitangi, for the purpose of improving health outcomes for Māori. Part 3 of the Act includes the statutory objective for DHBs to reduce health disparities for Māori and other population groups and to reduce, with a view to eliminating these health outcome disparities. Part 3 also provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services.

Community pharmacies in the 2DHB sub-region should be capable of complying with the Strategic Documents, including the following requirements:

- Improve equity by channeling more resources to the DHBs' priority populations, particularly with respect to the needs of local communities
- Integrate pharmacists within the wider primary care teams to provide shared care for complex patients
- Release pharmacists from supply activity to enable provision of patient and prescriber advice
- Better manage information about medication and care plans.

The following are also relevant:

- Equity – our decisions will support the elimination of health inequalities;
- People-centered – our decisions will improve individuals and whānau experiences of care and address what matters most to them;
- Outcomes focused – our decisions will improve health outcomes and wellbeing for individuals and whānau;
- Needs-focused – our decisions will be based on where the greatest need lies;
- Partnerships – our decisions will increase connections between individuals, whānau, health and social services;
- Systems-thinking – our decisions will benefit the health system as a whole;
- Stewardship of resources – our decisions will ensure we get the best value from our funding and carefully balance the benefits and costs of our investments.

This policy will guide 2DHB decision-making in relation to:

- any requests that either DHB receives for a new pharmacy contract (ICPSA);
- any request that either DHB receives from an existing pharmacy contract-holder, to be able to provide services from additional premises (including through a satellite pharmacy)
- any pharmacy relocations
- any transfer of ownership where it is proposed that there will be a material change made to the existing services provided by that community pharmacy.

This policy does not apply to changes to service schedules of existing community pharmacies which hold an ICPSA with 2DHB. 2DHB reserves the right to seek further advice on its decision-making in the event that any proposed transfer or change results in the community pharmacy not being in alignment with 2DHB strategic directions.

PROCESS FOR A NEW COMMUNITY PHARMACY

The DHB encourages qualified applicants who may wish to apply for a new pharmacy contractor to provide services from more than one premises, to notify the DHB as soon as possible, and prior to making any commitments that are reliant on approval of a pharmacy contract.

- 1) Applicants must complete an application form and send it electronically to the Pharmacy Portfolio Manager for the relevant DHB. Applicants must ensure they include all requested information with their application.
- 2) 2DHB will acknowledge receipt of the application by email.
- 3) 2DHB will convene an evaluation panel comprising members chosen for their relative expertise and experience, to consider each application. In addition, 2DHB may invite independent advisors to evaluate any Application, or any aspect of an Application. The Panel will comprise the following or their delegate(s):
 - i) 2DHB Director Maori Health
 - ii) 2DHB Director Pacific Health

- iii) 2DHB Director Disabilities
- iv) 2DHB General Manager Primary Care Strategy, Planning and Performance
- v) Chief Pharmacist at the DHB in the region where the applicant’s proposed community pharmacy is to be located;
- vi) Lead Clinician (Primary Care) Strategy, Planning and Performance at the DHB or a Senior General Practitioner at a PHO in the region where the applicant’s proposed community pharmacy is to be located;

For the avoidance of doubt, the Pharmacy Portfolio Manager, Strategy, Planning and Performance at the DHB in the region where the applicant’s proposed community pharmacy is to be located will not be a member of the Panel, but will act in an advisory role to the Panel when requested to do so.

- 1) Each application will be considered in accordance with this Policy including the Strategic Documents and the Decision-making Criteria
- 2) The Panel may request additional information from the applicant or any third party.
- 3) The Panel will provide a non-binding written recommendation to the 2DHB Director, Strategy, Planning and Performance (‘Director’).
- 4) The Director will consider the Panel’s recommendation, and may seek additional information or professional or clinical advice prior to making a decision on the application
- 5) The applicant will be advised of the Director’s decision in respect of their application within 60 working days of the DHB receiving from the applicant all information (including additional information) requested by the DHB in order to consider the application.

Successful applications will be contingent on the Applicant meeting all legal requirements, including the requirement to have and maintain a license to operate a pharmacy. In the event that the community pharmacy is not operational within 12 months, the applicant will need to reapply.

A successful application does not guarantee that all proposed services will be funded.

PROCESS FOR TRANSFER OF OWNERSHIP OF COMMUNITY PHARMACY TO A NEW OWNER OR BY WAY OF CHANGE IN MAJORITY SHAREHOLDING

When an existing community pharmacy owner wishes to either sell the pharmacy to a new owner, or wishes to change the majority shareholding, without a material change in service provision, a formal process under the Pharmacy Contracting Policy will generally not be required.

Where as a result of an ownership change, the services proposed to be offered by the pharmacy will materially affect the pharmacy services offered within the locality, 2DHB will assess the proposal and advise the two parties if a formal process (similar to the new pharmacy application) will be required to decide whether to approve or decline the application. This could potentially mean that a transfer of ownership is declined. To aid in the initial assessment the following is required:

- details of the purchaser
- an outline of the services that will be provided by the new provider

DECISION MAKING CRITERIA

When making a decision on an application, 2DHB will take into account the following matters (if relevant).

Decision Making Criteria	Weighting
<ul style="list-style-type: none"> • Applicant information – Annual Practicing Certificate (including any conditions) and good character information; 	Required
<ul style="list-style-type: none"> • Pharmacy information – proposed location, proposed services, opening hours, staffing FTE and qualifications; 	High

<ul style="list-style-type: none"> Proximity to other pharmacy services in the proposed location – what services, distance from proposed site, staffing; 	High
<ul style="list-style-type: none"> Whether or not the proposed community pharmacy will enhance the pharmacy services currently available in the local area Alignment of the application with the relevant national and local strategic priorities for pharmacy services (as per the Policy Statement); 	Critical
<ul style="list-style-type: none"> The population needs in the proposed pharmacy’s location, how are they being met at present, and whether they will be enhanced by the proposed pharmacy; 	High
<ul style="list-style-type: none"> How the pharmacy will work with other providers (particularly local general practices) to ensure integrated and continuity of care to patients; 	High
<ul style="list-style-type: none"> The support the applicant has from general practice providers in the area; 	Medium
<ul style="list-style-type: none"> The overall impact that approving the application might have on the provision of the effective and efficient delivery of community pharmacy and pharmacist services to meet local needs; 	High
<ul style="list-style-type: none"> Evidence of how the proposed pharmacist services align with the Strategic Documents 	Critical
<ul style="list-style-type: none"> Any other matters that the DHB considers to be relevant to its assessment of the application. 	Medium

For the avoidance of doubt, the relevant DHB will not take into account:

- Maintenance of the income stream or market share of one or more existing community pharmacies in the local area
- Any expenses that the Applicant may have incurred, or legal obligations that the Applicant may have entered into, prior to confirmation that the Application has been approved
- Verbal representations of the Applicant to the extent that they conflict with any written material provided with the Application.

AUTHORISATION

This policy is authorised on behalf of 2DHB by the Director.

DEBRIEFING

Where an Application is declined, the Applicant will have the opportunity to be debriefed. When an Applicant requests a debrief, 2DHB will debrief the Applicant within 30 business days of the date that the Application was declined, or 30 business days after the date of the request, whichever is later. 2DHB will provide the following information:

- The reasons the Application was not successful
- How the Application performed against the Decision Criteria and its relative strengths and weaknesses
- Address the Applicant’s specific concerns and questions.

The debrief may be provided by letter, email, phone or at a meeting.

REVIEW

The policy will be subject to review, at a minimum, every five years. The next review will be 2026 or earlier if required.

APPLICATION FOR A NEW INTEGRATED COMMUNITY PHARMACY SERVICES AGREEMENT

APPLICATION FORM 1 – NEW PHARMACY

GUIDELINES

Hutt Valley and Capital and Coast District Health Boards (2DHB) encourage qualified applicants who propose to apply for an Integrated Community Pharmacy Services Agreement (ICPSA) for a new community pharmacy to notify 2DHB of that intention as soon as possible.

All requests for a new ICPSA must be made on this Application Form 1, and be submitted to the Pharmacy Portfolio Manager at the relevant DHB. Receipt of the application will be acknowledged by email.

This Application Form is not an offer to contract. It provides a formal mechanism to submit information that the Panel and the Director will assess to determine whether or not to accept an Application and commence contract negotiations.

2DHB is under no obligation to contract with any proposed service provider. Each application will be considered on its own merits in consideration with the Policy, including the Decision Making Criteria and the Strategic Documents and there being a demonstrated need for the service in the relevant community.

Applicants are strongly encouraged to complete this application process prior to seeking a license to operate a pharmacy from Medicines Control at the Ministry of Health, and prior to making any commitments (legal, financial or otherwise) in relation to the establishment or operation of the proposed community pharmacy.

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 providing evidence in support of your application must be attached to the Application Form with clear cross-referencing between the Application Form and supporting documentation provided.

Please note that 2DHB has no obligation to review any additional information if it reasonably considers it to be outside the scope of its Policy including the Decision Making Criteria and Strategic Documents.

These Guidelines should be read in conjunction with:

- The terms and conditions set out at the end of Application Form.
- The Strategic Documents including:
 - Pharmacy Action Plan 2016–2020 (Ministry of Health)
 - Our Vision for Change and Future Pharmacist Services 2018-2023 Our five year strategy document (Hutt Valley DHB)
 - *Health System Plan* (Capital & Coast DHB)
- 2DHB Pharmacy Contracting 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.

You will be provided with a written decision regarding your Application. 2DHB will not otherwise be bound by any statement, written or verbal, made by any person in relation to this application.

2DHB is under no obligation to check supplied information for errors.

This Application Form may be withdrawn, or updated from time to time. 2DHB will not be liable in contract, tort, equity, or in any other way whatsoever for any direct or indirect damage, loss or cost incurred by the organisation, the Applicant or any other person in respect of the Application. To the extent that liability cannot be excluded, the maximum aggregate liability of 2DHB, its agents and advisors is \$1.

APPLICATION FORM 1 - NEW COMMUNITY PHARMACY

Applicants should familiarise themselves with the criteria to be met before preparing their application.

I, _____ am authorised to make this Application on behalf of the proposed Pharmacy. I confirm the following:

- I have read and understand the Guidelines set out above
- I have read and understand the Policy (including the Decision Making Criteria) and the Strategic Documents
- All information provided is true, accurate and complete, and not misleading in any material respect.

Organisation Details	
Name or proposed name of Pharmacy	
Location Details (address) of proposed pharmacy	
Name, position and primary contact details of the person authorised to respond to queries relating to this application and to enter into agreements on behalf of your organisation	Name: Position: Ph: Email: Postal Address:
Shareholding pharmacist(s)	
Responsible Person under Medicines Act 1981	

Organisation Experience	
Provide information about the governance and management structure of your organisation,	

<p>including the relevant qualifications and experience of the members.</p>	
<p>Describe any experience that you or your organisation has had delivering community pharmacy services in New Zealand.</p>	
<p>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.</p>	
<p>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.</p>	
<p>Has the applicant had a Ministry of Health pharmacy license that has had conditions applied or cancelled? If yes, provide details.</p>	
<p>Has the responsible person or any of the shareholders ever had conditions imposed on their Annual Practising Certificate (APC) or had an APC cancelled. If answering yes, please provide details.</p>	

<p style="text-align: center;">Proposed Services and Location</p>	
<p>How will your proposed community pharmacy enhance the health and disability services available in the locality?</p>	
<p>Describe how your proposed services will enhance the quality of pharmacy services currently available to consumers in the local area, including how the proposed services respond to</p>	

<p>the Policy, Decision Making Criteria and Strategic Documents.</p>	
<p>What communities and locations does your organisation intend to provide community pharmacy services to and why?</p>	
<p>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 2DHB or PHARMAC.</p>	
<p>Specify the date your organisation proposes to commence provision of community pharmacy services within the 2DHB catchment area</p>	
<p>Provide the names of other community pharmacy service providers that are currently operating within the area that you intend to provide services</p>	
<p>Provide information on co-located and nearby services and facilities relating to better population health outcomes, such as healthy eating, healthy exercise, social inclusion, etc.</p>	
<p>Provide information on how, in the context of co-located and nearby services, your organisation will increase positive health outcomes and minimise and mitigate negative health outcomes.</p>	

PERSON CENTERED CARE

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

Q1. Describe the population you are intending to service. Outline un-met need you have identified or improvements/innovations your services could make for patients.

Q2. Describe how you will provide person-centred care (with particular reference to our priority populations).

Q3. Describe how you will ensure patient privacy so that service-related conversations cannot be overheard by other clients in the pharmacy.

Q4. What are your proposed operating hours?

SERVICE DELIVERY

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

Q5. Describe your service philosophy.

Q6. List the services that you intend to provide to meet the needs of the population you intend to serve.

Q7. Will your pharmacy participate in local/national health promotion initiatives and/or other pharmacy initiatives?

CAPACITY AND CAPABILITY

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.

Q8. Outline the proposed IT setup and intended approach to ensuring communication with key providers in the general practice team.

Q9. How will you optimise the time that your pharmacists have for providing cognitive services, as distinct from medication supply? This should include how many pharmacists, interns, technicians you propose to employ, based on your business plan, as well as utilisation of technology.

Q10. 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?

COLLABORATION

To ensure users receive a high quality professional service as part of a multidisciplinary programme of care.

Q11. 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 general practice providers, PHOs or other community providers in the area.

Q12. Describe how you plan to use technology/online services to support integrated care.

OTHER SUPPORTING INFORMATION

Please provide any other information that you wish to be considered as part of your application

Agreements and Acknowledgements for Application Form 1 and Application Form 2

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 and not misleading in any material respect;
- understands 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 the relevant DHB to decline the Application or terminate the ICPSA (as the case may be);
- has read and understood all referenced documents;
- has read and understood and agrees to all the terms and conditions listed in this Application Form
- is duly authorised to make this application on behalf of the organisation;
- can confirm that the organisation's constitutional documents allow the organisation to make this application and enter into an ICPSA;
- understands that 2DHB approval of this application does not necessarily mean that a License to Operate a Pharmacy will be granted by the Licensing Authority at the Ministry of Health;
- understands that 2DHB approval of this application in no way indicates that 2DHB considers or warrants that the pharmacy will be commercially viable or successful;
- understands that an ICPSA must be executed by authorised signatories of 2DHB and your organisation before your organisation is permitted to provide community pharmacy services for 2DHB and receive payments under the terms of that Agreement;
- will not approve or arrange the advertisement of an opening date for the proposed community pharmacy prior to execution of the ICPSA and issue of licence from Medicines Control.
- authorises 2DHB to make any enquiries or request from any person any additional information from any relevant third party or reference (including personal information about anyone who might have a role in providing the proposed services) which may have a bearing on its/their ability to provide the service proposed and to use that information as part of its evaluation of the Application.
- Has completed the Conflict of Interest declaration in the Application Form and must immediately inform 2DHB should a conflict of interest arise during the negotiation process. A material conflict of interest may result in the Application being declined. A conflict of interest arises if the Applicant or a senior member of the organisation's personal or business interests or obligations do, may or could be perceived to conflict with its obligations to 2DHB under the Application or in the provision of the proposed services.
- **Confidentiality** The information provided with this Application will be treated as strictly confidential by 2DHB, its agents and its advisers (other than information that is in the public domain through no fault of 2DHB). 2DHB will not, except as required by law, or for the purposes of obtaining references or information as set out above, disclose any of the information provided in this Application to any other person without your prior written consent.
- You acknowledge that 2DHB are subject to requirements imposed by the Official Information Act 1982 (OIA), the Privacy Act 2020, parliamentary and constitutional convention and any other obligations imposed by law. Where 2DHB receives an OIA request that relates to the organisation's Confidential Information, 2DHB will consult with you and may ask you to explain why the information is considered by you to be confidential or commercially sensitive.

SIGNED BY the Applicant

Name of Applicant
on behalf of the organisation

Name of organisation

this _____ day of _____ 20__

Declaration of Conflicts of Interest			
<p>Applicants must disclose in writing to 2DHB, 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:</p> <ul style="list-style-type: none"> • You, or a senior member of your organisation, is or has recently been employed by 2DHB; • You, or a senior member of your organisation, has an immediate family member or relative employed by 2DHB; • You, or a senior member of your organisation, currently sits on a Hutt Valley DHB Board or Capital & Coast DHB Board or Advisory Board; • You, a senior member of your organisation or your organisation has given gifts, donations or sponsorship to Hutt Valley DHB or Capital & Coast DHB or a particular employee of either DHB; or • Your organisation is currently providing consultancy or advisory services to either DHB or is otherwise directly associated in any way with either DHB. <p>Appropriate management of conflicts of interest varies depending on the nature and type of conflict involved. Serious conflicts of interest may result in 2DHB refusing to consider, or declining an application from an organisation.</p>			
Name:		Organisation:	
Services:	Community Pharmacy Services	Date:	
I have interests to declare for the purpose of this Application			(If Yes, please declare interests below)
Individual / Organisation		Description of Interest	
<p>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 Application process and any subsequent contract negotiation.</p>			
Name (printed)	Signature*	Position	Date

Please return your complete application to the Pharmacy Portfolio Manager of the relevant DHB.

The 2DHB preferred means of application is by email, with all information contained in this document. All other formats take longer to assess.

*Where signatures are required, please insert a digital signature or scan and submit these two pages.

APPLICATION FORM 2 – PHARMACY RELOCATION

Guidelines

2DHB encourages anyone who may wish to relocate an existing pharmacy and who holds an Integrated Community Pharmacy Services Agreement (ICPSA) with 2DHB to notify the DHB of that intention as soon as possible.

Applications for pharmacy relocation must be made on Application Form 2, and be submitted to The Pharmacy Portfolio Manager for the relevant DHB. Receipt of the application will be acknowledged by email.

This Application Form is not an offer to contract. It provides a formal mechanism to submit information that the Panel and the Director will assess to determine whether or not to accept an Application for pharmacy relocation.

2DHB is under no obligation to accept an application for pharmacy relocation. Each application will be considered on its own merits in consideration with the Policy, including the Decision Making Criteria and the Strategic Documents and there being a demonstrated need for the service in the relevant community.

Applicants are strongly encouraged to complete this application process prior to making any commitments which may be reliant upon this application being approved by 2DHB.

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 providing evidence in support of your application must be attached to the Application Form, with clear cross-referencing between the Application Form and supporting documentation.

Please note that 2DHB has no obligation to review any additional information if it reasonably considers it to be outside the scope of the evaluation.

These Guidelines should be read in conjunction with:

- The terms and conditions specified at the end of this form
- The Strategic Documents including:
 - Pharmacy Action Plan 2016–2020 (Ministry of Health)
 - Our Vision for Change and Future Pharmacist Services 2018-2023 Our five year strategy document (Hutt Valley DHB) P
 - *Health System Plan* (Capital & Coast DHB)
- 2DHB Pharmacy Contracting 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.

2DHB will acknowledge receipt of the application by email.

You will be provided with a written decision regarding your Application. 2DHB will not otherwise be bound by any statement, written or verbal, made by any person in relation to this application.

2DHB is under no obligation to check supplied information for errors.

This Application Form 2 may be withdrawn, or updated, from time to time.

2DHB will not be liable in contract, tort, equity, or in any other way whatsoever for any direct or indirect damage, loss or cost incurred by the organisation, the Applicant or any other person in respect of the Application. To the extent that liability cannot be excluded, the maximum aggregate liability of 2DHB, its agents and advisors is \$1.

APPLICATION FORM 2 – PHARMACY RELOCATION

Applicants should familiarise themselves with the criteria to be met before preparing their application.

I, _____ am authorised to make this Application on behalf of the Pharmacy. I confirm the following:

- I have read and understand the Guidelines set out above
- I have read and understand the Policy (including the Decision Making Criteria) and the Strategic Documents
- All information provided is true, accurate and complete, and not misleading in any material respect.

Organisation Details	
Legal entity name	
Trading name	
Current Location Address	
Proposed Relocation Address	
Name, position and primary contact details of the person authorised to respond to queries relating to this application and to enter into agreements on behalf of your organisation	Name: Position: Ph: Email: Postal Address:
Shareholding pharmacist(s)	
Responsible Person under Medicines Act 1981	

Organisation Experience	
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.	

Proposed Services and Location	
Describe how your services will enhance the quality of pharmacy	

services currently available to consumers in the local area, including how the services respond to the Policy, Decision Making Criteria and Strategic Documents.	
What communities and locations does your organisation intend to provide community pharmacy services to and why?	
Specify the date your organisation proposes to relocate the pharmacy.	
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 how, in the context of co-located and nearby services, 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.	

<p>PERSON CENTERED CARE</p> <p>To ensure that the right services are in the right place at the right time</p>
<p>Q1. Describe the population you are intending to service. Outline unmet need you have identified or improvements/innovations your services could make for patients.</p>
<p>Q2. Describe how you will provide person-centred care (with particular reference to our priority populations).</p>

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Q3. Describe how you will ensure patient privacy so that service-related conversations cannot be overheard by other clients in the pharmacy.

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Q4. What are your proposed operating hours? Are these different or the same as your organisation's current operating hours?

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SERVICE DELIVERY

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

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Q5. 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.

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CAPACITY AND CAPABILITY

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

Q6. Outline whether the proposed location will result in changes to staff. If so, specify those changes and the reason for the changes.

COLLABORATION

To ensure users receive a high quality professional service as part of a multidisciplinary programme of care

Q7. Describe any collaboration you have had (or have now) with general practice, PHOs or other community providers in the proposed relocation area.

Q8. Describe how you plan to use technology/online services to support integrated care.

OTHER SUPPORTING INFORMATION

Please provide any other information that you wish to be considered as part of your application

Agreements and Acknowledgements – Application Form 2

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 and not misleading in any material respect;
- understands 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 this will be grounds for the relevant DHB to decline the Application or terminate the ICPSA (as the case may be);
- has read and understood all referenced documents;
- has read and understood and agrees to all the terms and conditions listed in this Application Form
- is duly authorised to make this application on behalf of the organisation;
- can confirm that the organisation’s constitutional documents allow the organisation to make this application;
- understands that 2DHB approval of this application in no way indicates that 2DHB considers or warrants that the pharmacy will be commercially viable or successful;
- will not approve or arrange the advertisement of an opening date or new address for the proposed new location of the community pharmacy prior to receiving written acceptance of the Application from 2DHB.
- authorises 2DHB to make any enquiries or request from any person any additional information from any relevant third party or reference (including personal information about anyone who might have a role in providing the proposed services) which may have a bearing on its/their ability to provide the service proposed and to use that information as part of its evaluation of the Application.
- Has completed the Conflict of Interest declaration in the Application Form and must immediately inform 2DHB should a conflict of interest arise during the negotiation process. A material conflict of interest may result in the Application being declined. A conflict of interest arises if the Applicant or a senior member of the organisation’s personal or business interests or obligations do, may or could be perceived to conflict with its obligations to 2DHB under the Application or in the provision of the proposed services.
- **Confidentiality** The information provided with this Application will be treated as strictly confidential by 2DHB, its agents and its advisers (other than information that is in the public domain through no fault of 2DHB). 2DHB will not, except as required by law, or for the purposes of obtaining references or information as set out above, disclose any of the information provided in this Application to any other person without your prior written consent.
- You acknowledge that 2DHB are subject to requirements imposed by the Official Information Act 1982 (OIA), the Privacy Act 2020, parliamentary and constitutional convention and any other obligations imposed by law. Where 2DHB receives an OIA request that relates to the organisation’s Confidential Information, 2DHB will consult with you and may ask you to explain why the information is considered by you to be confidential or commercially sensitive.

SIGNED BY the Applicant

Name of Applicant

on behalf of the organisation

Name of organisation

this _____ day of _____ 20__