

**Bay of Plenty DHB Application for a new Community Pharmacy Funding Agreement**

**Guidelines for Application Form 1**

Bay of Plenty 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 Bay of Plenty DHB must be made on this Application Form, and be submitted to: Andrea Baker Portfolio Manager Planning & Funding [andrea.baker@bopdhb.govt.nz](mailto:andrea.baker@bopdhb.govt.nz) Receipt of the application will be acknowledged by email by within five working days. Bay of Plenty 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 Bay of Plenty 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. Bay of Plenty 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.

* Bay of Plenty DHB Strategic Health Services Plan (SHSP) [SHSP 2017](https://www.bopdhb.govt.nz/media/60569/bop-strategic-health-services-plan-summary2.pdf)
* Pharmacy Action Plan 2016-2020 [Pharmacy Action Plan 2016-2020](https://www.health.govt.nz/publication/pharmacy-action-plan-2016-2020)
* Bay of Plenty DHB Community Pharmacy Commissioning Policy (attached)
* [Integrated Community Pharmacy Services Agreement](https://tas.health.nz/dhb-programmes-and-contracts/community-pharmacy-programme/icpsa/) as updated/amended from time to time.
* [Medicines Act 1981](http://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html) and [Medicines Regulations 1984](http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96863.html).

Health and Disability Services Pharmacy Standards (New Zealand Standard NZS 8134.7: 2010) as updated/amended from time to time. [Standards](https://shop.standards.govt.nz/catalog/8134.7:2010(NZS)/scope)

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

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

Bay of Plenty DHB accepts no responsibility for any error in this Application Form or related documents.

Bay of Plenty DHB is under no obligation to check supplied information for errors.

Bay of Plenty DHB may withdraw or amend this Application Form at any time.

Bay of Plenty 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 below.

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**Sign Date**

**Application Form 1**

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

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| **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: |  |

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| **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 written evidence that demonstrates that due diligence has been completed, and the proposed new pharmacy is expected to effective, efficient, and sustainable.  This assessment is expected to include consideration of the financial viability of the proposed service. |  |

1. **People Powered**

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| **Service User Needs** | **Key indicator** | **Your Response** |
| Service users have access to the right services in the right place at the right time. | Offers (or, if relocating, will continue to offer) extended opening hours. |  |
|  | Increased integration with local GPs and other healthcare providers. |  |
| Services and design that target addressing inequities. | Plans a design, layout and range of services that supports addressing inequities. |  |
| An environment that is inviting and good access regardless of level of need, mobility or cognitive impairment. | Adequately fitted out sizeable consulting room with wheelchair access to enable equity of access. |  |
|  | Is the proposed FTE and scope adequate to meet service users’ needs in a timely fashion? |  |
|  | Service responsive to the needs of Maori and equity. |  |

1. **Closer to where people are e.g. work, live, learn and play.**

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| **Service User Needs** | **Key indicator** | **Your Response** |
| To have a pharmacy close to me where I can have a good relationship where my medicines and pharmacy related needs can be met. | A range of pharmaceuticals services are offered-is there anything that will not be offered? |  |
|  | Demonstrates a focus on reducing inequities and improving health outcomes for Maori and high need groups who will be served by at the proposed location. |  |
| Access to pharmacy services regardless of where I live. | Number of pharmacies in the locality is appropriate to the population. Please document other pharmacies in the location. |  |
|  | If relocating, the needs of current service users will be met. |  |
|  | Location of proposed pharmacy and distance to and between pharmacies in the same locality.  Geographical spread meets the community’s needs and quality services are sustainable. |  |
|  | Offers home visits (or, if relocating will continue to offer those services) to those service users who need it. |  |
|  | Offers a full range of medicines provision and medication management services to enable people centric care. |  |
|  | Offers diagnostic tests e.g. blood pressure and peak flow monitoring to encourage early detection of disease. |  |

1. **Value and High Performance**

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| **Service User Needs** | **Key indicator** | **Your Response** |
| A pharmacy that provides expertise and leadership in medicines/pharmacy related services. | The pharmacist has a good understanding of the health needs of the proposed community. |  |
|  | Proposed staffing mix is adequate to enable significant direct pharmacist time and interaction with population. |  |
|  | The pharmacy will have a process in place for recording and investigating adverse and near miss events. |  |
|  | The pharmacy will comply with the Consumer Rights Standard and have clearly displayed complaints process. |  |
| To know I am getting current, evidence based expert advice on pharmacy and medicine related services. | Pharmacists and technicians have qualifications/competency and sufficient experience to establish good patient relationships and to positively influence patient behaviours. |  |
|  | The responsible pharmacist has suitable experience and professional knowledge. |  |
|  | The pharmacy plans to have a quality improvement plan and system in place which will include audit and evaluations of services and practice. |  |

1. **One Team**

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| **Service User Needs** | **Key indicator** | **Your Response** |
| To receive a high quality professional service as part of a multi-disciplinary programme of care. | Will work collaboratively and connectedly with local GPs and other relevant providers to improve health outcomes. |  |
|  | Will provide community education especially high risk groups. |  |
|  | Will engage with the community to support particular health and wellness campaigns. |  |

1. **Smart Systems**

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| **Service User Needs** | **Key indicator** | **Your Response** |
| Access to CHIP and medicine list. | Will connect to CHIP BOPDHB patient information system on opening to facilitate shared integrated care. |  |
| A safe and efficient system for prescriptions and dispensing. | Technology, including online service, is used to support safe service delivery where and when available. |  |
|  | The pharmacy has IT capability and will implement electronic medicines which are being rolled out nationally. |  |