Pharmacy/Pharmacist Service Contract Policy HBDHB/EXTPH/001 Approved by: Emma Foster, Executive Director Planning and Funding Review Date: Review Date: Next Review: 1 October 2023 Next Review: 1 October 2023

PURPOSE

The purpose of this policy is to guide Hawke's Bay District Health Board (HBDHB) when making decisions related to pharmacy contracts consistent with its legal obligations, strategic direction, and implementation of the Pharmacy Action Plan 2016-2020 objectives. The Policy outlines the process by which those wishing to deliver pharmacist and pharmacy services become an Endorsed Provider¹.

HBDHB is committed to funding services that provide high quality care to patients to improve the population's health outcomes. We have statutory functions and objectives, including '...to seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local,...needs' and '...purchase services that best meet the needs of their population...'3.

CONTEXT

HBDHB Vision is that Hawke's Bay pharmacy services, as an integrated component of a person, whānau and hapū-centred, collaborative model of care, will be delivered in innovative ways, across a broad range of settings, to ensure equitable access to medicines and healthcare services for all.⁴ The unique and complementary skillset of pharmacists (and support staff), as medicines management experts, will be fully utilised in the Hawke's Bay healthcare team.⁴

A DHB is not required to enter into an agreement with every pharmacy license holder that makes an application for an agreement, nor is a DHB is required to approve every request from a provider to relocate (although approval must not be unreasonably withheld). HBDHB intends to take a more strategic approach when making pharmacy contracting decisions as is set out in this policy.

Integrated Community Pharmacy Services Agreement (ICPSA) providers may not assign or transfer any or all of its rights or obligations under this Agreement without the DHB's prior written consent (which will not be unreasonably withheld) and they must give the DHB information about the proposed transferee's ability to perform its obligations under this Agreement, and any further details that the DHB may reasonably request. This policy outlines how HBDHB will undertake this process.

POLICY STATEMENT

People are at the centre of the Hawke's Bay health system. We are committed to an equitable and quality approach for the commission and contracting of pharmacist and pharmacy services that achieve our statutory objectives and achieve the national vision in a matter that best meets the need of Hawke's Bay's community.

HBDHB has a responsibility to ensure all those with whom we contract have good business processes and systems in place for undertaking the services we contract. This is assured by our due diligence process requiring all contract holders to become an Endorsed Provider. Assurance that whom we contract with can provide quality pharmacy services is assessed against the HBDHB Pharmacy Services Quality Framework (Appendix A).

¹ HBDHB requires all companies it contracts with to be an Endorsed Provider

² Public Health and Disability Act 2000 Section 22 (1) (ba)

³ Operational Policy Framework Clause 3.19.1

 $^{^4}$ Allan B, Wills M. Community Based Pharmacy Services in Hawke's Bay Strategic Direction 2016 - 2020

Providers of pharmacy services in Hawke's Bay should support the implementation of our District Health Board strategic directions, the objectives of the Community Based Pharmacy Services in Hawke's Bay Strategic Direction, and the national Pharmacy Action Plan. Those providing services via an Integrated ICPSA must be able to comply with all contract requirements.

The vision for Hawke's Bay community pharmacy services include:

- Pharmacies to support priority populations
- Larger pharmacies for scale and to maximise IT, technology and the availability of pharmacists for advanced practice
- A range of pharmacy models and sizes to support different ways of working to support local communities and priority populations
- Enhanced team work with primary care, supported by IT with a shared view of the patient's health record
- New models of care new ways of delivering pharmacist/pharmacy services, supporting advanced practice
- New models supporting the delivery of advanced practice outside of the traditional 'bricks and mortar' pharmacies
- New models for utilising support staff and streamlining the way pharmacy works with everyone working higher in their scope of practice.

The Hawke's Bay Health Strategy Whānau Ora, Hāpori Ora system goals are:

•	Pūnaha Ārahi Hāpori	Community-Led System
•	He Paearu Teitei Me Ōna Toitūtanga	High Performing and Sustainable System
•	He Rauora Hōhou Tangata, Hōhou Whānau	Embed Person and Whānau-Centred Care
•	Māori Mana Taurite	Equity For Māori as a Priority; Also Equity For
		Pasifika and Those With Unmet Need
•	Ngā Kaimahi Tōtika	Highly Skilled and Capable Workforce
•	Pūnaha Tōrire	Digitally Enabled Health System.

SCOPE

This policy applies to:

- Applications for a pharmacy/pharmacist service contract, including by not limited to, an ICPSA
- Existing pharmacy/pharmacist service contract holder request to change service location
- Existing pharmacy contract-holder request for a satellite pharmacy
- Existing pharmacy/pharmacist service contract holder, including but not limited to ICPSA, seeking a change in ownership
 - We acknowledge our obligations around assignment and transfer of Agreement rights and obligations, according to the ICPSA⁵, including not unreasonably withholding written consent for a Provider to assign or transfer any of all of its rights or obligations under the ICPSA Agreement.

This policy does not apply to changes to service schedules of existing ICPSA contract holders.

EVALUATION CRITERIA

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

Decision-Making Criteria Weighting	Weighting
Meets Endorsed Provider criteria	Required
Ensuring Hawke's Bay population have long-term equitable access to pharmacy and	Critical
pharmacist services	
Pharmacy Services Quality Framework (all six dimensions)	High

⁵ ICPSA 2018 C.45 – C.48

Alignment with Hawke's Bay Health Strategy Whānau Ora, Hāpori Ora system goals	Medium	
Alignment with local pharmacy strategic priorities for pharmacy services		
Proximity of other pharmacies (or pharmacist service providers) is proportional to the		
size of the community and current pharmacy/pharmacist service and without risk to		
total pharmacy/pharmacist service delivery (High: score = 3+)		
Any other matters that the DHB considers to be relevant to its assessment of the	High	
application. (High: score = 3+)		

Weighting: Critical: score 5 High: score 3 or above Medium: score 2 or above

Applicants will be assessed against the Pharmacy & Pharmacist Services Quality Framework (Appendix A) Applications must meet the requirements of:

- Endorsed Provider form
- Endorsed Provider Pharmacy/Pharmacist Supplementary form (Appendix B) if considered relevant by the DHB.
- Any other matters that the DHB considers to be relevant to its assessment of the application.
- Compliance with other Hawke's Bay DHB procurement policies and strategies.

Note: This policy, or process, does not evaluate or outline ongoing quality service provision or requirements. These are managed within the agreement service specifications.

INDICATIVE EVALUATION PROCESS

HBDHB encourages anyone who may wish to apply for an ICPSA for a new community pharmacy (including satellites) or a current contract-holder seeking to relocate to notify the DHB of that intention as soon as possible before committing to any lease or build.

Applicants complete and submit both an Endorsed Provider Form and Pharmacy/Pharmacist Supplementary Form and accompanying cover letter to Contracts@hawkesbaydhb.govt.nz Attention: Contract Liaison (Pharmacy).

- Application forms will be made available on the HBDHB website.
- An email acknowledging the application will be issued within seven (7) working days of receipt.
- Applicants can seek clarification around documentation and requested information from the Planning and Funding Pharmacy Portfolio Manager or email Contracts@hawkesbaydhb.govt.nz prior submission.
- HBDHB is not responsible for applications that are not received.

Endorsed Provider Process (Planning and Funding Pharmacy Portfolio Manager and Contract Liaison)

- Additional information or advice may be required from the applicant and/or other persons within, and external to, the HBDHB, in order to assess the application fully.
- Reference checking may also be part of the Pharmacy Review Panel process.
- The applicant is required to attend a meeting to discuss the application and review the documentation provided.
- Endorsement as a DHB Endorsed Provider is signed off by Planning and Funding Business Manager.

Application Review Process (Pharmacy Review Panel)

- Pre-condition: Pharmacy Review Panel will not consider an application until Endorsed Provider Status has been confirmed.
- Everyone involved in the evaluation must have completed/signed a Conflict of Interest & Confidentiality Agreement.
- Confidentiality must be respected and maintained throughout the process.
- Contact with suppliers the panel chairperson is the only person permitted to comment to
 outside parties about the evaluation process and outcome. The panel should not discuss any
 element of the process with work colleagues or any other party.

- Each member of the Pharmacy Review Panel must carry out an independent evaluation:
 - o Individual scores will then be reviewed and debated as a panel
 - Either a consensus will be arrived at or panel members will be asked to carry out a 'second pass' of their evaluations, taking into account the panel discussions
 - Average of all members gives overall score on which the decision is made.
- Applications will be assessed according to the scoring provided in Appendix C.
- Additional information or advice may be required from the applicant and/or other persons within, and external to, the HBDHB, in order to assess the application fully:
 - If the applicant fails to supply the information within 30 days of the date of the request (or within any additional time given by the Panel) the application will lapse. This requires the applicant to submit a new application.
- Each submission is evaluated on its own merit and not in comparison to another submission.
- Applicant may be asked to provide a presentation (Optional).

The Pharmacy Review Panel will make a recommendation to the Executive Director, Planning and Funding.

- The Executive Director, Planning and Funding makes the final decision.
- New contract applicant will be advised of the outcome of the application within three months of making the application.
- Existing ICPSA contract-holder wishing to relocate will be advised within timeframe outlined in the ICPSA contract.
- Approval of the application is subject to the provider meeting all legal requirements, including the requirement to have and maintain a licence to operate a pharmacy, if application is for ICPSA. Further information on the process is available on the TAS website.

If application is deemed to be satisfactory to HBDHB and the applicant wishes to proceed with their application, agreement negotiations shall commence. Note that:

- Nationally agreed service specification are not negotiated locally; however, which of these services will be provided may be negotiated, along with any locally commissioned services.
- No services are to be provided until a fully signed contract is in place
- No claims for payment are to be submitted until a fully signed contract is in place
- Please note, a minimum timeframe is required from time of HBDHB approves Endorsed Provider status so that Ministry of Health Sector Operations can be notified and new contract set up with MoH system ahead of contract start date.

If an application is declined, the applicant will have a single right of appeal to the HBDHB within 30 days by providing additional information to support the original application. The decision of the Executive Director Planning and Funding will be final.

The process described able is an indicative process only. HBDHB reserves the right, in its sole discretion to deviate from this process at any time and for any reason.

PHARMACY REVIEW PANEL

The HBDHB Pharmacy Review Panel will include the following roles:

- Planning and Funding Business Manager
- Planning and Funding Pharmacy Portfolio Manager
- Allied Health Professionals Officer/Chief Pharmacist
- Pharmacist
- Māori Health Representative
- Pacific Representative.

The Panel may seek additional information or advice, and/or co-opt additional members as required.

POLICY REVIEW

This policy will be reviewed subject to DHB policy. The review will be undertaken by the Planning and Funding directorate.

APPENDICES

Appendix A: HBDHB Pharmacy & Pharmacist Services Quality Framework (Separate document)

Appendix B: Endorsed Provider - Pharmacy/Pharmacist Supplementary form (Separate document)

Appendix C: Application Scoring (see below)

Appendix A

Pharmacy & Pharmacist Services Quality Framework

Healthy Hawke's Bay Te Hauora o Te Matau ā Māui

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

Hawke's Bay DHB (HBDHB) wants everyone in Hawke's Bay district to be healthy. To achieve this vision our sector values and behaviours A mātau uarā, me tō mātau whanonga are:

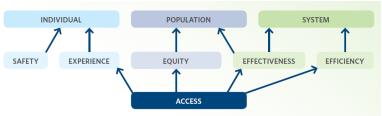
- HE KAUANUANU RESPECT showing respect for each other, our staff, patients and consumers
- ĀKINA IMPROVEMENT continuous improvement in everything we do
- RARANGA TE TIRA PARTNERSHIP -working together in partnership across the community
- TAUWHIRO CARE delivering high quality care to patients and consumers.

The Hawke's Bay Health Strategy Whānau Ora, Hāpori Ora system goals are:

Pūnaha Ārahi Hāpori - community-led system
 He Paearu Teitei Me Ōna Toitūtanga - high performing and sustainable system
 He Rauora Hōhou Tangata, Hōhou Whānau - embed person and whānau-centred care equity For Māori as a priority; also equity for Pasifika and those with unmet need
 Ngā Kaimahi Tōtika - highly skilled and capable workforce digitally enabled health system.

It is expected that Hawke's Bay pharmacy and pharmacist services embody the elements of the above goals and those of the quality framework to support the strategy, Whānau Ora, Hāpori Ora system goals for HBDHB. Appendix A provides a framework to assist pharmacies and pharmacists to frame within the value based approach.

The HBDHB Pharmacy and Pharmacist Services Quality Framework is structured according to the six dimensions of quality, as described by US Institute of Medicines, aligned by the Health Quality and Safety Commission (HQSC) with the



New Zealand Triple Aim: 6,7,8

The US Institute of Medicine has defined six dimensions of quality:

- Access /Timeliness did the system provide care quickly once a need was recognised?
- Safety when the patient most needed to be safe, were they?
- Experience how did it feel to be cared for in our system?
- Equity good health care for all, regardless of gender, ethnicity, age or income.
- Effectiveness the right care providing good outcomes.
- Efficiency does the system avoid waste and thus cost in supplies, equipment, space, capital, ideas, time and opportunity?

⁶ Health Quality and Safety Commission. Window on Quality of NZ Health Care. November 2015. Available from: https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/window-on-quality-of-NZ-health-care-Nov-2015.pdf

⁷ Agency for Healthcare Research and Quality. Six Domains of Health Care Quality. U.S. Department of Health & Human Services. Available from https://www.ahrq.gov/talkingquality/measures/six-domains.html

⁸ World Health Organisation. Quality of Care A process for making strategic choices in health systems. 2006. Available from: https://www.who.int/management/quality/assurance/QualityCare B.Def.pdf

The New Zealand Triple Aim provides a focus for this improvement:

- improved quality, safety and experience of care for the individual
- improved health and equity for all populations
- best value for public health system resources.

The Health and Disability Services Pharmacy Services Standard NZS 8134.7:2010 is the foundation for describing good practice and fostering continuous improvement in the quality of pharmacy services.

Accessible and timely pharmacy services

Delivering health care that is timely, geographically, reasonable, and provided in a setting where skills and resources are appropriate to need.

Did the system provide care quickly once a need was recognised?				
Key Performance Indicator	Rationale			
Offers all core ⁹ pharmacy services and a range of additional services that meets the needs of the community. If a dispensing pharmacy service is contracted, all medicines are supplied, supported by appropriate stock and procedures, as per ICPSA. The community is fully informed of pharmacy/ pharmacist services available to them and how to access them.	Rationale To provide a level of fair expectation for the majority of the community for what a pharmacy should be, noting that certain areas may find a reduced service appropriate, hence the option for exemption. To facilitate community access to a full range of medicines in a timely manner that does not compromise their health and safety. To ensure patients have choices and can access the pharmacy services they need. To facilitate community access to a full range of pharmacy services close to home and easily			
access them.	accessible. Support community understand of pharmacy/ pharmacist services so that they can fully maximise utilisation of the resource.			
Offers operating hours that services the community's needs, provides opportunities for improving access and continuously seeks to minimise barriers to those accessing your services.	To provide patient with opportunities to obtain medicines, services, and seek advice outside of standard business operating hours.			
Business planning, and financial documents can demonstrate a long-term sustainable business.	To support our community developing long-term relationships with health providers whom they trust and respect.			

⁹ As per the ICPSA agreement

Safe Pharmacy / Pharmacist Service

Delivering pharmacy / pharmacists services which minimise risks and harm to service users. Avoiding harm to patients that is intended to help them.

When the patient most needed to be safe, were they?				
Key Performance Indicator	Rationale			
The service is managed by owners, shareholders, and responsible pharmacist/s of good character, with no unresolved issues concerning his/her current or past Annual Practicing Certificate/s (APC), Ministry of Health (MoH) licence/s or conditions, and/or criminal convictions.	The pharmaceutical services are managed by a pharmacist who has authority, accountability, competency, and responsibility for service provision.			
The business has policies and procedures demonstrating compliance with: Pharmacy Services Standard NZS 8134.7:2010 relevant legislative professional requirements risk management & business continuity Service documentation ensuring care is patient-centric and safe, e.g. pharmacist interventions, maintains patient medicine profile.	Good quality practice around policy and procedure management is a basis for applying all aspects of quality consistently, any time, by any staff. To ensure all adverse, unplanned, or untoward events are managed systematically in an open manner with a focus on improved service (internal and sector) via shared learnings. To ensure continuity of care, safe care, and avoids consumers paying more than they need to for medicines. To ensure continuity of care, safe care, and avoids consumers paying more than they need to for medicines.			
The facility within which the service is delivered is consumer-friendly, disability accessible, and supports clear access to pharmacist and pharmacy services.	To ensure all in the community have equity of access to the services provided in a suitable environment reflective of the professional services being delivered. Hawke's Bay has a growing younger community and an ageing population. Pharmacy services will need to be youth-friendly, dementia-friendly, and responsive to needs of specific groups.			

Experience is person and whanau centred

Delivering pharmacy/pharmacist services which recognise individual service users and the cultures of their communities. Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

How did it feel to be cared for in our system?

How did it feel to be cared for in our system?			
Key Performance Indicator	Rationale		
Pharmacy /Pharmacist services respect Māori	Under the Treaty of Waitangi the principles of		
values and beliefs and their importance in	partnership, participation and protection underpin		
responsiveness to Maori consumers.	the relationship between the Government and		
	Māori.		
This is demonstrated in a commitment to			
hearing, sharing, and responding to whānau	The DHB and service providers will partner with		
voice in the delivery of pharmacy services.	Māori to deliver on the commitments identified He		
	Korowai Oranga - Māori Health Strategy MoH, and		
	in-line with HBDHB's Clinical Services Plan that		
	support Whānau Ora voice in the delivery of		
	services for Māori.		
	https://www.health.govt.nz/our-		
	work/populations/maori-health/he-korowai-oranga		
Has knowledge of the community profile in which	An assessment and understanding of the community		
pharmacy services are to be delivered. Provides	strengthens the ability to deliver appropriate		
appropriate services that match the community	services in a respectful and responsive manner.		
profile inclusive of the socio-cultural	HQSC Consumer engagement Quality and Safety		
determinants that make up the community.	Marker (QSM) framework is used for assessment		
	(Appendix B).		
Provides an environment that supports safe	The pharmacy meets the Code of Health and		
consultation, privacy and confidentiality for	Disability Services consumer's rights.		
individuals utilising the service.	https://www.hdc.org.nz/your-rights/about-the-		
	code/code-of-health-and-disability-services-		
	consumers-rights/		

Equitable Pharmacy Service				
Delivering pharmacy / pharmacist health care which does not vary in health outcomes because of				
personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status.				
Good health care for all, regardless of gender, ethnicity, age or income.				
Key Performance Indicator Rationale				
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Key Performance Indicator	Rationale	
Applies an equity lens through the design,	Incorporating an equity focus supports national and	
implementation and delivery of services that	local strategies to address, target, resource and	
support and reduce barriers for high needs	deliver equitable health outcomes for the	
groups.	community in which the service is delivered.	
Provides a responsive service that incorporates	Making health information easy to understand and	
health literacy and health service navigation to	navigate is critical to ensure people stay well at	
meet consumer and community needs.	home and in their communities, and know when and	
	how to access services.	
The service aligns with the provision of equitable	HBDHB has a statutory objective to ensure	
pharmacy services across the total Hawke's Bay	sustainable pharmacy service within the district.	
district.		
Describe your workforce structures and	To support workforce being reflective of the	
employment policy and process including how	community they work in and care for.	
you reflect the following:	Applicant understands the objectives and actions of	
the diverse cultural needs of the Hawke's Bay	Matariki; the Regional Economic Development	
community	Strategy and Action Plan for Hawke's Bay, and works	
demonstrate community benefit from	towards these objectives/actions.	
employment		
employ Hawke's Bay people with focus on		
those with greatest need, who will benefit		
socially and economically, and incorporates		
older people into economic activity.		

Effective Ph	narmacı	/ Serv	ice
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Delivering pharmacy/pharmacist health care that is adherent to a philosophy of evidence-based therapy and aims to achieve improved health outcomes for individuals and communities, based on need. The right care providing good outcomes.

Key Performance Indicator	Rationale	
Demonstrated that provided services are	Ensure services support strategic direction.	
consistent with relevant national and local		
strategic priorities for pharmacy and	Pharmacist funded services based in the community are	
pharmacy services including:	an important part of primary health care and pharmacists	
Pharmacy Action Plan	are recognised as one of the most accessible health	
Medicines NZ	professions, which is an important feature of the Hawke's	
ICPSA	Bay health system.	
HBDHB Pharmacy in the Community		
Strategic Direction.		
Can demonstrate a good understanding of	To contribute to the achievement of local goals, health	
the health needs of the community they are	targets and service priorities.	
serving, and how the services provided		
support delivering on these needs.		
Commitment to working in an integrated	To ensure that pharmacy contributes to the system of	
and inter-professionally collaborative	care made up of multi-disciplinary teams providing	
manner with other health services.	integrated health and care services in primary health	
	centres and the community, coordinating with a range of	
	other services.	

Efficient Pharmacy / Pharmacist Services

Delivering pharmacy / pharmacist services in a manner which maximises resource use and avoids waste. Does the system avoid waste – and thus cost – in supplies, equipment, space, capital, ideas, time and opportunity?

Does the system avoid waste – and thus cost – in supplies, equipment, space, capital, ideas, time and				
opportunity?				
Key Performance Indicator	Rationale			
The service has commitment to utilise	Increased patient safety in dispensing/prescribing			
technology including implementation of all	processes, while supporting efficiencies for both			
national eHealth initiatives relevant to	prescribers and pharmacists.			
pharmacy as they develops.	To maximise resource use, avoid waste, and enhance			
	patient health outcomes by increase access to			
	information and services.			
Services during operating hours are provided	To ensure community access to pharmacist skills and			
by appropriate number of staff, with	advice.			
suitable and documented qualifications and	To ensure service is provided by those with necessary			
skills.	skills and resource to do this efficiently, safely, and in a			
When specialist services are provided in the	timely fashion.			
pharmacy, there will be more than one	Participates activity in training programmes to develop			
pharmacist on duty.	Hawke's Bay workforce, including participating in local			
·	career development activities			
Policy for sustainability and environmental	Applicant understands the objectives and actions of			
awareness, including:	Matariki; the Regional Economic Development Strategy			
 Prioritisation to use locally provided 	and Action Plan for Hawke's Bay, and works towards			
goods and services and income from	these objectives/actions.			
sales reinvested into Hawke's Bay				
business/social enterprise	Safe disposal of medicines is important for the			
 Providing free service, in partnership 	community and the environment; as medicine experts			
with HBDHB, for the community to	pharmacists are best placed to provide this leadership			
return unused medicines, including	and guidance. Activity supports objectives and actions of			
cytotoxic medicines, and sharps used	Matariki; the Regional Economic Development Strategy			
for medical purpose.	and Action Plan for Hawke's Bay by contributing to the			
	local community to create healthy, safe, nurturing, and			
	sustainable environment.			

Hawke's Bay DHB Pharmacy & Pharmacist Services Values and Six Dimensions of Quality Framework10

It is expected that service providers have a plan for ongoing development and evidence of these dimensions are included in any pharmacy or pharmacist contract application.

Dimensions	He Kauanuanu/Respect Shows respect for staff and consumers	Ākina/Improvement Actively and continuously seek to improve service delivery	Raranga te Tira/Partnership We will work with you and your whānau on what matters to you	Tauwhiro – Care Potential - Existing in possibility, not in reality, expressing possibilities, liberty or obligations
Access/timeliness Did the system provide care quickly once a need was recognised?	Ensure patients and whānau have choices, can access the pharmacy /pharmacist service they need to enable patient-centred care, support self-management, and, or recommend referral to another health care provider, and to encourage early diagnosis and appropriate early interventions	Additional services offered meet the needs of the community, e.g. medicines, medicine management services, screening, diagnostic tests, and/or, advanced clinical skills	Facilitate/lead community access to a full range of pharmacy / pharmacist services, close to home and easily accessible	Pharmacist funded services based in the community are an important part of primary health care, and pharmacists are recognised as one of the most accessible health professions - CARE
Safety When the patient most needed to be safe, were they?	Ensure service is provided by competent staff with current knowledge and skills so the community has confidence that they are getting the best care available	Required by National Standards, good quality practice around policy and procedure management is a basis for applying all aspects of quality consistently, any time by any staff member	Ensure all adverse, unplanned, or untoward events are managed systematically in an open manner with a focus on improved services (internal and sector) via shared learnings	Safe disposal of medicines is important for the community and the environment: as medicine experts, pharmacists are best placed to provide this leadership and guidance. Activity supports objectives and actions of Matariki; the Regional Economic Development Strategy and Action Plan, contributing to the local community to create healthy, safe, nurturing, and sustainable environment - CARE
Experience How did it feel to be cared for in our system?	Assessment and understanding of the community, strengthens the ability to deliver appropriate services in a respectful and responsive manner	Experience is person and whānau centred, recognises individual service users and the culture of their communities	Provides care that is responsive to individual patient preferences, needs, and ensuring that patient values guide all clinical decisions	Knowledge of the community profile in which pharmacy / pharmacist services are to be delivered and provides appropriate services that match the community profile inclusive of the sociocultural determinants that make up the community - CARE
Equity	Pharmacy / pharmacists services	Demonstrated by a commitment	Under the Treaty of Waitangi the	The HBDHB and Service Providers will

¹⁰ Te Nahu, Health Gains Advisor, Te Puni Tumatawhanui, July, 2020

Dimensions	He Kauanuanu/Respect Shows respect for staff and consumers	Ākina/Improvement Actively and continuously seek to improve service delivery	Raranga te Tira/Partnership We will work with you and your whānau on what matters to you	Tauwhiro – Care Potential - Existing in possibility, not in reality, expressing possibilities, liberty or obligations
Good healthcare for all, regardless of gender, ethnicity, age or income?	respect Māori values and beliefs and their importance in responsiveness to Māori consumers	to hearing, sharing and responding to the whānau voice in the delivery of pharmacy services	principles of partnership participation and protection underpin the relationship between the Government and Māori.	partner with Māori to deliver on the commitments identified in He Korowai Oranga, Māori Health Strategy MoH, that support whānau voice in the delivery of services for Māori - CARE
Effectiveness The right care providing good outcomes?	Support the community to develop long-term relationships with health providers who they trust and respect	Pharmacy is an essential part of the heath-care system with the ultimate concern of ensuring people receive appropriate medicines and benefits from the proper use of these	Support the community to develop long-term relationships with health providers whom they trust and respect	Pharmacy & pharmacists contributes to the system of care made up of multi-disciplinary teams providing integrated health and care services in primary health centres and the community, coordinating with a range of other services - CARE
Efficiency Does the system avoid waste and thus costs, in supplies, equipment, space, capita, ideas, time and opportunity?	Support community understanding of pharmacy/pharmacists services so that they can fully maximise utilisation of the resource	Understands the objectives and actions of Matariki: the Regional Economic Development and Action Plan for Hawkes Bay; and works towards these objectives/actions	Increased patient safety in dispensing/prescribing processes, while supporting efficiencies for both subscribers and pharmacists	The community is fully informed of pharmacy / pharmacist services so that they can fully maximise utilisation of the resource - CARE

HQSC Consumer engagement quality& safety marker (QSM) framework

	1 – Minimal Te itinga iho	2 – Consultation Te akoako	3 – Involvement Te whai wāhi	4 – Partnership & shared leadership Te mahi tahi me te kaiārahitanga ngātahi
Engagement The environment created to support community engagement. Te Tühononga – ko te taiao kua hangaia hei tautoko i te tühononga hapori.	What 'minimal' looks like: Consumers are involved in one of the following areas of the organisation: direct care, service delivery, policy, and governance. Representation and input does not reflect the population served. Equity is a little known or discussed principle in the organisation. The consumer council is newly established, with a lack of resources, systems, and processes. Co-design is not used or understood by the service. There is limited evidence that the organisation encourages a diverse workforce.	What 'consultation' looks like: Consumers are involved at some levels of the organisation in at least two of the following areas: direct care, service delivery, policy, and governance. Representation and input is partially reflective of the population served. Representation is not equitable. Equity is a well understood principle in some parts of the organisation and there is intent to act upon achieving equity for the population served. The consumer council is newly established, partially resourced, and evaluation has not yet occurred. Co-design is a method understood by parts of the service. It has not been used to improve processes at this point. The organisation encourages a diverse workforce through its recruitment strategy, although the broader population served is not reflected.	What 'involvement' looks like: Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. Representation and input is mostly reflective of the population served, and there is a transparent process for recruiting membership at all levels. Representation is not equitable (e.g. a broader understanding of health care and the wider determinants of health is not possible). Equity is a well understood principle throughout the organisation and there is intent to act upon achieving equity for the population served. The consumer council is well established, partially resourced, and occasionally evaluated. Co-design is a method used and applied by parts of the service. This means using co-design to improve the system for staff and consumers. The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served.	What 'partnership & shared leadership' looks like: Consumers are involved at all levels of the organisation: direct care, service delivery, policy, and governance. The representation and input reflect the broader population served (e.g. clubs and associations, educational institutions, cultural and social groups, churches and marae), and there is a transparent process for recruiting membership at all levels. Representation is equitable and covers a broader understanding of health care and the wider determinants of health. Equity is a well understood principle throughout the organisation and achieving equity for the population served is acted upon. The consumer council is well established, resourced, and regularly evaluated. Co-design is a method used and applied within the service. This means using co-design to improve the system for staff and consumers. The organisation encourages a diverse workforce through its recruitment strategy, reflecting the broader population served. Consumers are included on interview panels where appropriate. Equity is incorporated as part of the recruitment strategy.
Responsiveness Responding to and acting on what consumers are saying about the service and having the right information at the right time for consumers accessing services. Te Noho Urupare – ko te urupare, ko te urupare, ko te mahi i ngå körero a ngå kiritaki mö te ratonga me te whai i te möhiohio tika i te wå e tika ana mö ngå kiritaki e uru ana ki ngå ratonga.	What 'minimal' looks like: There is a lack of systems to a) capture and understand the experiences and views of consumers and whânau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. Community voices are not brought to the attention of senior leaders Consumers and staff do not have the skills required to make sure consumers are involved in the development and implementation of services (e.g. codesign, listening, behavioural science). It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	What 'consultation' looks like: There are emerging systems to a) capture and understand the experiences and views of consumers and whānau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. Community voices are brought to the attention of senior leaders within the organisation but not acted upon. The input of the consumer council is heard, documented, but seldom acted upon. Consumers and staff have limited skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). It is difficult for people to find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups).	What 'involvement' looks like: There are established systems to a) capture and understand the experiences and views of consumers and whânau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems work well for many who access services. Community voices are brought to the attention of senior leaders within the organisation and sometimes acted upon (i.e. the loop is closed). The input of the consumer council is heard, documented, and sufficiently linked to be acted upon. Some consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). Most people can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whânau, and staff and co-designed health education resources and information are used when needed to support understanding.	What 'partnership & shared leadership' looks like: There are established systems to a) capture and understand the experiences and views of consumers and whanau, b) respond to them, c) share the results and themes with participants and the wider organisation and, d) involve consumers as partners in any resulting improvement activity. These systems involve broad representation, and allow for diverse feedback (e.g. different cultures including Māori and Pacific, younger and older, different socioeconomic groups, LGBTQI+) Community voices are brought to the attention of senior leaders within the organisation and always acted upon (i.e. the loop is closed). The input of the consumer council is heard, documented, and sufficiently linked to be acted upon. Most consumers and staff have the skills required to make sure consumers are involved in the development and implementation of services (e.g. co-design, listening, behavioural science). Everyone can find and access what they need, at the right time (e.g. websites are up-to-date and easy to follow, signage is clear for all groups). Every interaction builds understanding between patients, whānau, and staff and co-designed health education resources and information are used when needed to support understanding.
Experience The systems in place to capture consumer experience, and act upon the results. Wheako – ko ngā pūnaha kua whakaritea hei mau i te wheako kiritaki me te whakatinana i ngā mahi i runga i ngā hua.	What 'minimal' looks like: There is a lack of metrics in place to support the monitoring of patient experience surveys and patient feedback. These metrics are reported on. There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). It is not always clear whether feedback is acknowledged.	What 'consultation' looks like: There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. These metrics are reported on and shared with relevant stakeholder groups. There are some options for consumers to provide feedback. (e.g. online, face-to-face, meeting). Certain forms of feedback are acknowledged and responded to.	What 'involvement' looks like: There are some specific metrics in place to support the monitoring of patient experience surveys and patient feedback. These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.	What 'partnership & shared leadership' looks like: There are specific metrics in place to support the monitoring of patient experience surveys and patient feedback. These metrics are reported on and shared with relevant stakeholder groups, including consumers involved with the work. Reporting is timely, and feedback loops are closed. There are a range of options for consumers to provide feedback. (e.g. online, face-to-face, meeting). No matter what form the feedback takes it is acknowledged and responded to.

Appendix B

Endorsed Provider: Pharmacy/Pharmacist Supplementary Form

Form provided under separate link – please do not use this version

Application Summary					
Contract applied for (Please indicate one)	New ICPSA agreement	New owner for current agreement holder	Relocation or current ICPSA holder	Satellite location of current ICPSA holder	Service contracted external to ICPSA
	(Complete all)	(Complete those marked O)	(Complete those marked L)	(Complete those marked S)	(Complete those marked P)
	Response	Response	Response	Response	Response
Description of agreement being sought ¹¹	Response				
Specify the date you propose to commence provision of services within HBDHB catchment area2 ¹²	Response				
Service location / physical address	Response				
Web address:	Response				

Signed on behalf of the organisation submitting this Form				
Name (Printed)	Signature	Date		

 $^{^{11}}$ For Example: ICPSA (national Integrated Community Pharmacy Service Agreement), Medicine Use Review agreement

¹² Note Allow a minimum of four weeks for the generation of agreement from the date that all necessary approvals have been granted.

Accessible and timely pharmacy services

Delivering health care that is timely, geographically, reasonable, and provided in a setting where skills and resources are appropriate to need.

Did the system provide care quickly once a need was recognised?

S, P.

O or L – only if

service

location

will change Indicate the Pharmacist/pharmacy services that your organisation intends to provide.

- ICPSA Schedules offered: 1, 2, 3A, 3B all mandatory seven pharmacy services are offered?
- Confirm supply of all medicines acute, long-term, refrigerated, CDs
- Medicine Related: Medicine administration, Deliveries, Adherence packing, Medicine management services (CPAMs, MUR).
- Health services: Needle Exchange Programme, Screening, Smoking Cessation, etc.

Describe how you will ensure that the Service User has free and timely access to pharmacist advice as a function of the provision of funded services.

Describe how you will ensure the community is fully informed of the Pharmacy/ pharmacist services you provide for them and how to access them.

Describe any aspect of your proposed services that do not fully comply with the requirements of the contract service you are seeking.

Provide the names of other pharmacist/pharmacy providers within 5km of this applicants proposed location.

Response:

1.2

Describe how trading hours (provided in Endorsed Provider form) are reflective of community need and ensure adequate access (including after hours)

O, L, S,

Р

- Opening hours reflect community need and increase current access provided
- Applicant must mention if after-hours fees are going to be charged

Describe how your organisation will seek to minimise barriers and improve Service User's ability to access your services.

Response:

1.3

Business planning and financial documents can demonstrate a long-term sustainable business.

O P

- Submit business plan
- Submit financial projects

Provide your business continuity plan and confirm you will participate in HBDHB emergency and pandemic planning to support pharmacy service delivery during major incidents or emergencies.

- · Comprehensive plan for all major incidents and natural disasters
- Additional information for Emergency Contact (provided in Endorsed Provider form)
- Emergency contact (1) email address:
- Emergency contact (2) email address:

Response:

Additional information on providing timely and accessible pharmacy/pharmacy service:

Safe Pharmacy/Pharmacist Service

Delivering pharmacy/pharmacists services which minimise risks and harm to service users. Avoiding harm to patients that is intended to help them.

When the patient most needed to be safe, were they?

2.1

The company owners and shareholders can demonstrate good character and business practices.

O, S, P

- Describe your organisation's governance structure, including qualifications and experience of all members, and indicate the duration each has held their current position.
- Describe your organisation's current management structure, include names, qualifications, and experience of all management team members and indicate the duration each has held their current position.
- Have the responsible person/s, pharmacist shareholders and/or Charge Pharmacist
 never had conditions imposed on their Annual Practicing Certificate (APC) or had an APC
 cancelled. If yes, please provide details.
- Have the responsible person/s, pharmacist shareholders and/or Charge Pharmacist had conditions imposed on their Ministry of Health (MoH) Pharmacy Licence or had it cancelled. Licence conditions are imposed under Section 51 of the Medicines Act 1981.
 If yes, please provide details.
- Evidence of acceptable Police Check form for the Responsible Person/s and Charge Pharmacist.
- Evidence of acceptable Vulnerable Children Act questionnaire for Responsible Person/s and Charge Pharmacist.

To demonstrate that your governance or management teams are a fit and proper person and good repute (as the case requires), indicate if any have convictions for:

- An offence under the Medicines Act 1981, or the Misuse of Drugs Act 1975, or regulations made under these
- A crime involving dishonesty (within the meaning of section 2(1) of the Crimes Act 1961); and
- Any pending criminal proceedings against the applicant in New. Zealand and elsewhere
- Any protection order made against the applicant under the Domestic Violence Act 1995
- Any other Court Order made against the applicant, in New Zealand or elsewhere, that is
 or may be relevant to the application.

Response:

O, S,

(service

related)

2.2

Pharmacy has policies and procedures demonstrating compliance with Pharmacy Services Standard NZS 8134.7:2010, relevant legislative, professional requirements, and Service documentation ensuring care is patient-centric and safe, e.g. pharmacist interventions, maintains patient medicine profile.

- Provide all Medsafe Quality Audit reports issued to pharmacies you have owned, or managed, over the last three years.
- If you have quality plans/documents required by requested contract service specifications please list them and attach a copy with this application. If you do not have quality plans/documents required, please list those you intend to prepare and indicate the timeframe in which these will be completed. Note: SOPs may be draft for new business.
- SOP provided for each of the pharmacy services provided, for facilities/equipment to ensure compliance with legislation, for consumer complaints, Code of Rights, and advertising
- Describe how you intend to ensure compliance with Pharmacy Services Standard NZS 8134.7:2010 & Pharmacy Council of NZ standards and guides.
- Clinical event management process and consumer complaints process.

Health and Safety management process, including infection control, staff-safety risks. Demonstrated your policies and processes will ensure the professional promotion of pharmacy services and pharmaceuticals, aiming to maintain a high positive regard and public perception. Response: 2.3 The facility within which the service is delivered is consumer-friendly, disability accessible, and supports clear access to pharmacist and pharmacy services. Ο, Provide a clear floor plan of your pharmacy, to scale, clearly highlighting the area of the pharmacy that will enable consultations to be undertaken in physical, visual, S, and auditory privacy. Describe how the facility within which the pharmacy service is delivered is consumer-friendly, disability accessible, supports clear access to pharmacist and pharmacy services, and complies with required Pharmacy Services Standard NZS Standard 14, including wide aisles, automatic doors, hearing aid loops within building, suitable lightening, consulting area is large enough for whānau to be present, Open space within the pharmacy to enable wheelchair access. Suitable description of how community will contribute to the pharmacy environment look and feel. Provided evidence of utilisation of resources when planning pharmacy, e.g. dementia-friendly best practice, youth- friendly assessment tools. If the service does not have a physical space, describe how your pharmacy services will be consumerfriendly, disability accessible, support clear access to pharmacist and pharmacy services, and complies with Pharmacy Standards. Response:

Additional information on providing timely and accessible pharmacy / pharmacy service:

Experience is person and whānau-centred

Delivering pharmacy / pharmacist services which takes into account the preferences and aspirations of individual service users and the cultures of their communities. Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. Available pharmacy/pharmacist services ensure patients have choices and can access the services they need, which are provided in a patient-centric manner that supports self-management and/or recommend referral to another health care provider when needed, and encourage early diagnosis and appropriate early intervention.

How did it feel to be cared for in our system?

3.1

Describe how services respect Māori values and beliefs and their importance in responsiveness to Māori consumers.

O, L, S,

- Provision of Māori Plan.
- Demonstrate clear engagement with Māori/Pacific community.
- Clear description of how the local Māori community has had input on the pharmacy service design.
- Provide an outline and/or evidence of how you will achieve Goal 1, 3 and 4 set out in the Health Strategy for the Pharmacy Profession. https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=86&File=maori healthdocweb.pdf
- Provide an outline and/or evidence of how you will implement the four pathways of action in He Korowai Oranga, the Mäori Health Strategy. https://www.health.govt.nz/our-work/populations/maori-health/he-korowaioranga
- Outline your activity and self-assessed score for engagement, responsiveness and experience against the HQSC Consumer engagement quality and safety marker framework (https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/QSM/Consumer-engagement-QSM/Consumer-Engagement-QSM-Framework.pdf)

Demonstrate a commitment to hearing, sharing, and responding to whanau voice in the delivery of pharmacy services.

- Consumer engagement plan provided and actively described what information will be shared with DHB to provide collective consumer voice.
- Covers ICPSA requirements.
- Can describe how will respond to feedback and inform community of results.

Resources:

http://www.hqsc.govt.nz/assets/Consumer-Engagement/Publications/DHB-guide/engaging-with-consumers-3-Jul-2015.pdf

Response:

3.2 o,

S,

Demonstrate you have knowledge of the community profile in which the services are to be delivered. Provides appropriate services that match the community. Profile inclusive of the socio-cultural determinants that make up the community.

- Clear description of cultures within community they serve.
- Consumer engagement plan outlines clearly and realistically how pharmacy staff/ management will connect with these communities
- Demonstrable service delivery (staff competencies and behaviours) that supports health service navigation.

Response:

Describe how your environment supports safe consultation, privacy and confidentiality for individuals utilising the service.

Describe how you will ensure people wishing to do so, can talk to the Pharmacist in a private

Describe how you will ensure people wishing to do so, can talk to the Pharmacist in a private area, without the risk of being over heard.

- Private consulting area/s.
- Areas suitable for OST if provided.
- Suitable areas for access to pharmacist for conversation that isn't overheard, i.e. away from till, etc.
- Pharmacist and pharmacy services clearly identified and easily accessible, especially on entrance into the building/space.
- Discuss cultural safety training for staff so that consultations are culturally safe for the community.

Response:

S,

Р

Additional information on providing a person and whānau-centered pharmacy/pharmacy service:

Equitable Pharmacy Service

HBDHB, and this application, demonstrate commitment to a rights-based approach to health to meet the responsibilities under Te Tiriti o Waitangi. Delivering pharmacy/pharmacist health care which does not vary in health outcomes because of personal characteristics such as gender, race, ethnicity, geographical location, or socio-economic status. Good health care for all, regardless of gender, ethnicity, age or income.

or socio-economic status. Good health care for all, regardless of gender, ethnicity, age or income. Applies an equity lens through the design, implementation and delivery of services that support and reduce barriers for high needs groups. Ο, High needs groups' service will be serving well described. L, How services will be delivered to different groups to achieve equity. S, Services described will be provided in appropriate manner for our priority D population. Services described will improve health outcomes for our priority population. Current health outcomes of community will not be compromised. Potential to reduce health outcomes of some currently. Commitment to NHI lookup for Prescription Subsidy Card. Acknowledgement of asking about use of ManageMyHealth. Response: 4.2 Provides a responsive service that incorporates health literacy and health service navigation to meet consumer and community needs. Ο, Pharmaceutical Needs (Medicine literacy, Medicine access – issues with co-payments, OTC medicines, prescription collection, Service access, Coordination of care) are relevant S, to the priority population described. D Clear focus on Priority Populations: Māori, Pacific, elderly, families with children, people living with mental illness/addiction, social deprivation, disabilities. · Outline as a health profession focused on medicine management, how the service will actively support your community to achieve medicine literacy and medicine adherence. Response: 4.3 Describe how the service supports, rather than undermines, the provision of equitable pharmacy services across the total Hawke's Bay district. Ο, Response: S, Р 4.4 Describe how your workforce structures and employment policy and process reflect the diverse cultural needs of the Hawke's Bay community. Ο,

provided goods and services and income from sales reinvested into Hawke's Bay business /social enterprise.
 Provide outline and/or evidence of how you will achieve Goal 2 set out in the Māori Health Strategy for the Pharmacy Profession.

Outline how you will support local labour workforce, prioritisation to use locally

https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=86&File=maorihealthdocweb.pdf

Response:

S,

Additional information on providing a pharmacy/pharmacy service which ensures equitable health outcomes for all.

Effective Pharmacy Service

Delivering pharmacy / pharmacist health care that is adherent to a philosophy of evidence-based therapy and aims to achieve improved health outcomes for individuals and communities, based on need.

The right care providing good outcomes.

- 5.1 Describe how your service demonstrates providing services consistent with relevant national and local strategic priorities for pharmacy and pharmacy services including:
- O, Pharmacy Action Plan
- L, S, Medicines NZ
 - ICPSA

Ο,

L,

S,

Ο,

S,

HBDHB Pharmacy in the Community Strategic Direction

Describe your organisations philosophy with regard to provided services. Indicate how these fit within HBDHB's vision and values, relevant national and local strategic priorities for pharmacy and pharmacist services, including local commissioning, and HBDHB's objectives under the New Zealand Public Health and Disability Act 2000.

Response:

- Demonstrate a good understanding of the health needs of the community you are serving, and how the services provided support delivering on these needs.
 - Describe how your organisation's proposed approach to service delivery will meet needs of the community and resolve identified unmet need. Describe any potential risk for increased inequity.
 - Please describe the community you will be providing services too if this is unclear within the application.

Response:

- 5.3 Describe how you will work in an integrated and inter-professionally collaborative manner with health care providers
 - Well described collaborative working relationships with number of other health providers
 - Describes processes for communicating and linking with these providers
 - Describe process for collecting and using feedback from health care providers on service delivery
 - Provide the names of health care providers (including but not limited to general practice, Māori health providers, and urgent care) that are currently operating within the area that you intend to provide services.
 - Extensive list of health services beyond general practice and hospital
 - · Good understanding of other health providers operating in the same community

Response:

Additional information on providing a person and whānau centred pharmacy / pharmacy service:

Efficient Pharmacy Service

Delivering pharmacy/pharmacist services in a manner which maximises resource use and avoids waste. Services will maximise resource use, avoid waste, and enhance patient health outcomes by increase access to information and services. There is an understanding of the objectives of Matariki; the Regional Economic Development Strategy and Action Plan for Hawke's Bay.

Is the pharmacy productive?

This application will increase patient safety in dispensing/prescribing processes, while supporting efficiencies for both prescribers and pharmacists.

6.1

Describe your commitment to utilise information technology fully including implementation of all national eHealth initiatives relevant to pharmacy as they develop.

O, L, S,

- Describe how pharmacy software will be utilised for patient care and safety.
- Confirm national use of all database information available to ensure care is patientcentric and safe, for example, NIR, Exemption card records.
- Confirm all dispensing information, and other clinical information, as required by service specifications, will be provided to HBDHB via either national or local data repositories or clinical patient management systems, that enables analysis and patient continuity of care.
- Describe your use of automation or other technology.
- Online services with suitable security and privacy settings.

Response:

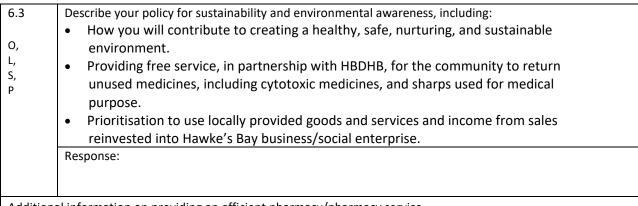
6.2

Describe how you will ensure services during operating hours are provided by appropriate number of staff, with suitable and documented qualifications and skills.

O, L, S,

- When specialist services are provided in the pharmacy, there will be more than one pharmacist on duty.
- Describe the number of staff, and their qualifications and skills.
- Provide following information:
 - a) Daily prescription volume: FTE staff ratio, and
 - b) Daily prescription volume: FTE dispensary staff ratio.
- This ratio is to show, for example, how many staff would be employed if you had an
 average daily script volume of 100. Please show how your FTE volumes will change if
 this volume increases or decreases.
- Please outline where multiple enhanced services are provided, pharmacist staff numbers and rostering demonstrate that multiple pharmacist are on duty to avoid untimely service delivery.
- Outline your planned activity in training programmes to develop Hawke's Bay workforce, including participating in local career development activities, including training of interns and/or technicians.
- Note Generic Endorsed Provider form has statement about sufficient current staff to provide the service, and if not to provide a plan for attracting necessary skilled staff.

Response:



Additional information on providing an efficient pharmacy/pharmacy service

Appendix C

Evaluation Scoring

Rating	Definition	Score
EXGELLENT Kairangatira - admirable, excellent, distinguished	Significantly exceeds the criterion. Exceptional demonstration by the respondent of the relevant ability, understanding, experience, skills, resource, and quality measures required to meet the criterion. Significant understanding and focus on achieving equitable health outcomes, and identifies factors that will offer significant added value, particularly for priority populations, with supporting evidence.	5
Whakatūtaki – to meet, fulfil, satisfy	Satisfies the criterion with additional benefits or exceeds criterion is some areas only. Above average demonstration by the Respondent of the relevant ability, understanding, experience, skills, resource and quality measures required to meet the criterion. Above average understanding and focus on achieving equitable health outcomes, and identifies factors that will offer some added value, particularly for priority populations, with supporting evidence.	4
ACCEPTABLE Whaaetanga – acceptance, approval, agreement, consent, permission, license	Meets the criterion in full, but at a minimal level. Demonstration by the Respondent of the relevant ability, understanding, experience, skills, resource, and quality measures required to meet the criterion, with supporting evidence. An understanding and focus on achieving equitable health outcomes, and identifies factors that will offer some added value, particularly for priority populations, with supporting evidence.	3
MINOR RESERVATIONS Wāhi iti – almost within a little, minor, insignificant	Marginally deficient; satisfies the criterion with minor reservations Some minor reservations of the Respondent's relevant ability, understanding, experience, skills, resource, and quality measures required to meet the criterion, with little or no supporting evidence. Some understanding and focus on achieving equitable health outcomes demonstrated, but not strongly, and while factors that will offer some added value, particularly for priority populations were identified there was no supporting evidence provided.	2
SERIOUS RESERVATIONS Raru ki tai – serious problems that cannot be easily remedied	Significant issues that need to be addressed. Satisfies the criterion with major reservations. Considerable reservations of the respondent's relevant ability, understanding, experience, skills, resource, and quality measures required to meet the criterion, with little or no supporting evidence. Understanding and focus on achieving equitable health outcomes is unclear, and no factors that will offer some added value, particularly for priority populations, identified.	1
	Significant issues not capable of being resolved. Does not meet the criterion. Does not comply and/or insufficient information provided to demonstrate that the Respondent has the ability, understanding, experience, skills, resource and quality measures required to meet the criterion, with little or no supporting evidence. No understanding and focus on achieving equitable health outcomes demonstrated, and no factors that will offer some added value, particularly for priority populations, identified.	0