

3 February 2022

[REDACTED]

**Response to a request for official information**

[REDACTED]

Thank you for your request for official information received 8 December 2021 by Nelson Marlborough Health (NMH)<sup>1</sup>, followed by the necessary extension of time 26 January 2022, where you seek the following information:

**1. The ICPSA Application submitted by [REDACTED]**

NMH response:

Information in regard to any specific application for an Integrated Community Pharmacy Services Agreement (ICPSA) is considered commercially sensitive to the applicant. It is necessary to withhold this commercially sensitive information under section 9(2)(b)(ii) 'to make that information available would be likely unreasonably to prejudice the commercial position of the person who supplied or is the subject of the information'. In the circumstances, the withholding of that information is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

Please refer to Attachment 1: NMH *Application for a Community Pharmacy Funding Agreement* which outlines the specific criteria to be met by an applicant.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator [OIArequest@nmdhb.govt.nz](mailto:OIArequest@nmdhb.govt.nz). I trust this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Lexie O'Shea  
**Chief Executive**

Attachment 1: NMDHB *ICPSA Funding Application* (6 pages)

<sup>1</sup> Nelson Marlborough District Health Board

## Nelson Marlborough DHB Application for a Community Pharmacy Funding Agreement

Applicants should familiarise themselves with the criteria to be met and the Nelson Marlborough DHB (NMDHB) Pharmacy Quality Standards before preparing their application.

Contract Applied for (e.g ICPSA for new pharmacy or IPSCA for purchasing existing pharmacy)	
Name or proposed name of Pharmacy	
Location (suburb, street, co-location with medical centre/ surrounding medical practices etc.)	
Shareholding pharmacist(s)	
Other shareholders	
<p><b>Part 1. New Start-up Pharmacy Service (e.g. new build/satellite)</b></p> <p>Please note that the response to this first question carries significant weighting (currently 44%) in the overall scoring of a proposal, so a detailed response is recommended.</p> <p>To ensure this application is in keeping with the NMDHB Community Pharmacy Strategic Plan:</p>	
<p>Q1. Describe how awarding you an ICPSA, will improve the wellbeing of the NMH population and, importantly, why a new pharmacy is required in NMDHB to achieve that?</p> <p>Please also provide contact details for three referees who can meaningfully discuss their experience of working with PillDrop as a provider of community pharmacy services in NZ. Where the applicant has an existing contract for this service with a DHB, one of the 3 referees must be a pharmacy services portfolio manager from a DHB</p>	

## Part 2. Person Centred Care

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

Q2. Describe the population you are intending to service. Outline unmet need you have identified or improvements/innovations your services could make for patients.

Q3. Describe how you will provide person-centred care as per the Nelson Marlborough DHB Pharmacy Quality Standards.

Q4. Provide a simple plan of your facility describing the purpose of each area in relation to the services identified above. The plan should identify any private consulting area/s, and how this is accessed, where service-related conversations cannot be overheard by other clients in the pharmacy.

Q5. What are your proposed operating hours? Note that any decrease in these proposed hours may require a reapplication for ICPSA

### Part 3. Service Delivery

To provide users with a pharmacy home that has the ability to support all their medicines/pharmacy-related needs. Include commentary and/or confirmation that you will provide all funded/partially funded medications pertaining to community pharmacy according to PHARMAC's schedules and the ICPSA.

Q6. Describe your service philosophy.

Q7. List the services that you intend to provide to meet the needs of the population you intend to serve.

Q8. Will your pharmacy participate in local/national health promotion initiatives and/or other pharmacy initiatives?

#### **Part 4. 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

Q9. Outline the proposed IT setup and intended approach to ensuring communication with key providers in the primary care team and other healthcare providers.

Q10. How many pharmacists, interns, technicians do you propose to employ based on your business plan?

Q11. 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?

Q12. Provide a summary or attach a copy of your quality plan.

**Part 5. Collaboration**

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

Q13. Describe any collaboration you have had in previous community pharmacies (or that you have now) which you may have owned/managed and what engagement you have already had with primary care providers, PHOs or other community providers in the area.

Q14. Describe how you plan to use technology/online services to support integrated care.

**Part 6. Other Supporting Information**

Q15. Please provide any other information that you wish to be considered as part of your application

A large empty rectangular box provided for the applicant to enter their response to Q15.