**Expression of Interest – Better Access to Palliative Care Medicines**

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| Project Manager: | Pharmacy Guild of Australia (SA Branch) |
| Project Title: | Better Access to Palliative Care Medicines |
| Project objectives / expected outcomes | South Australians have one of the longest life expectancies in the world, with an aging population there are increasing rates of chronic conditions and age-related illnesses leading to an increased demand for palliative care services.  The South Australian Government is committed to improving and expanding quality palliative care services to improve access and choice for South Australians with a life limiting illness, including supporting integrated palliative care to meet people’s preferences and reduce pressure on hospitals, including emergency department presentations after hours and on weekends. It is understood that people approaching the end of life are attending emergency departments to access palliative care medicines. For palliative care patients who wish to receive their palliative care at home, improving availability and access to medicines used to manage end of life symptoms in the community is patient-centred and key to avoiding hospital presentations.  The Pharmacy Guild of Australia (SA Branch), under the direction of the Department of Health and Wellbeing, is seeking to establish, implement and manage a network of community pharmacies across South Australia. The primary purpose of the network is to provide better access to palliative care medicines and to provide support and information to people with a life-limiting illness. The South Australian Government has committed funding to support a network of at least 30 community pharmacies across regional and metropolitan South Australia to provide access, including urgent after hours, to an agreed core list of palliative care medicines (see Table 1). |
| Date when Expression of Interest will be issued/advertised: | **Wednesday, 1 November 2023** |
| Last Queries  Date and Time  (South Australian Time): | 5pm on Wednesday, 8 November 2023 |
| Expression of Interest Closing  Date and Time  (South Australian Time): | 2pm on Wednesday, 15 November 2023 |
| Indicative term of contract (including any extension options): | 12 Months with an annual review and option to extend for a further 2 x 12 month periods subject to each review |
| Indicative date for notifying Supplier(s) of outcome: | 8 December 2023 |
| Method of lodgement: | Electronic – email: [guildsa@sa.guild.org.au](mailto:guildsa@sa.guild.org.au) |

Contact Officer

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| Name: | Gillian Starr |
| Position: | Manager Membership and Business Support |
| Email Address: | [gillian.starr@sa.guild.org.au](mailto:gillian.starr@sa.guild.org.au) |
| Phone Number: | (08) 83048308 |

Evaluation Criteria

Expressions of Interests will be evaluated on their merits according to the following evaluation criteria.

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| **Mandatory criteria**  **Please note:** Mandatory criteria are pass/fail and if not met may result in an Expression of Interest not being considered further. | **The mandatory selection criteria for the network of community pharmacies will include:**   * The pharmacy is a registered pharmacy premises under the *Health Practitioner Regulation National Law (South Australia) Act 2010.* * The pharmacy holds a current license under the Pharmacy Regulation Act 2010. * The pharmacy has approval to supply pharmaceutical benefits under the Pharmaceutical Benefits Scheme, in accordance with s.90 of the *National Health Act 1953*. * Current accreditation against Quality Care Pharmacy Program (QCPP) accreditation, or other relevant accreditation program. * The pharmacy has current professional indemnity, public liability and workers compensation insurance and the amount of cover is adequate. * An ability to meet the pharmacy minimum participation criteria. |
| **Other Criteria** | * + Extended pharmacy opening hours will be prioritised, where appropriate. (eg, a*re open optimal hours for the local community including consideration to extended opening hours, ideally open 9am to 8pm or later, 7 days a week and public holidays)*   + Geographic location of the pharmacy.   + Pharmacy accessibility to established palliative care support services and networks.   + Previous experience providing palliative care medicine through other service agreements.   + Previous experience providing afterhours call back services for medicine supply, e.g. palliative care patients, aged care facility.   + Any other criteria deemed appropriate by the Office of the Chief Pharmacists and the Pharmacy Guild of Australia (SA Branch). |

Community Pharmacy minimum participation Criteria

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| **Participating community pharmacies will be required to:** | * Each pharmacy must provide palliative care medicines and services in accordance with legislative requirements, professional standards and the appropriate models determined by the Department of Health and Wellbeing, which may vary over time following review by the Government from time to time. * Hold the minimum quantities of the core palliative care medicines as listed in Table 1. * Provide medicines access to any required core palliative care medicines (Table 1). * Provide pharmaceutical palliative care support and advice to palliative care patients and their carers and other health professionals. * Establish and implement an afterhours access call back procedure that can be activated by a health professional caring for the patient (which may include general practitioners, Local Health Networks, Advance Care Paramedics, nurses and Palliative Care Specialists) that enables the urgent supply of core palliative care medicines to patients within a reasonable timeframe to meet clinical needs. * Ensure its workforce is up to date with current palliative care treatment guidelines and can provide advice regarding safe and quality use of palliative care medicines to patients, their families/carers and other health professionals. * Ensure pharmacy workforce is suitably qualified and registered to work within their scope of practice. * Collates and provides data requested by the Pharmacy Guild of Australia (SA Branch) and the Office of the Chief Pharmacist for assessment and evaluation of the Initiative. * Participates in surveys or focus groups to inform the evaluation of the Initiative. * Notifies the Pharmacy Guild of Australia (SA Branch) of any changes in service provision, e.g., medicines supply issues, changes to afterhours contact arrangements within 24 hours. |

**Table 1: Core Palliative Care Medicines List**

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| --- | --- | --- | --- |
| **Core Palliative Care Medicines** | **Pack size**  **(ampoules)** | **Max PBS pack**  **quantity** | **Minimum quantity to be held on-site**  **(ampoules)** |
| Clonazepam injection 1mg/mL | 5 | 1 | 10 |
| Haloperidol injection 5mg/mL | 10 | 1 | 20 |
| Hyoscine butylbromide injection 20mg/mL | 5 | 6 | 30 |
| Metoclopramide injection 10mg/2mL | 10 | 4 | 40 |
| Midazolam injection 5mg/mL | 10 | n/a | 10\* |
| Morphine injection 10mg/mL | 5 | 2 | 20 |

**\*Non PBS**

payment for participating pharmacies

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| **Reimbursement of Core Medicines List Medications** | Each community pharmacy participating in the Initiative will be provided a reimbursement for the costs of acquiring an initial supply of the core palliative care medicines specified in Table 1, in the quantities specified in Table 1. This will be reimbursed through the Project Manager, the Pharmacy Guild of Australia (SA Branch). The total indicative amount payable for the initial supply of the core palliative medicines by the Pharmacy Guild to the participating pharmacy will be $98.00 (GST inclusive), (purchase price of medications).  The replenishment of any core palliative care medicines used, and any additional supplies of core palliative care medicines required, will be undertaken by the community pharmacies at their own cost. |
| **Annual Participation Fee and After Hours Call Backs** | The Pharmacy Guild of Australia (SA Branch) will pay each of the network pharmacies an annual participation fee in the amount of $1,700.00 (GST inclusive) per annum provided that the network pharmacy has participated in the Initiative for the entire previous 12-month period and has complied with all of the requirements of network pharmacies specified, unless otherwise agreed in writing by both parties.  The annual participation fee will be a payment made in recognition of:   1. the commitment to supply and maintain core palliative care medicines (as per Table 1), and 2. provide after hours call back services whenever required.   **(*It should be noted that the anticipated total number of after hour call back services per annum across the entire participating network is 120 occasions of service. This equates to a nominal amount of 4 per participating pharmacy. The Pharmacy Guild of Australia (SA Branch) will monitor demand for after hours call backs on an ongoing basis across the network and discuss any areas of concern with participating pharmacies.)*** |
| **Reimbursement of After Hours Call Back Security Costs** | Each participating pharmacy will be required to establish and implement an afterhours access call back procedure that can be activated by a health professional caring for the patient (which may include general practitioners, Local Health Networks, Advance Care Paramedics, nurses and Palliative Care Specialists or patient carer) that enables the supply of core palliative care medicines to patients within a reasonable timeframe to meet clinical needs. It is recommended that the procedure includes utilisation of appropriate security personnel to support the safety of pharmacists and staff. Participating pharmacies will be reimbursed for the costs associated with security personnel up to a maximum of $100 per afterhours call back. |

**community pharmacy RESPONSE FORM**

**PHARMACY GENERAL INFORMATION**

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| Trading Name |  |
| Registered Name |  |
| ACN |  |
| ABN |  |
| Address of registered office |  |
| Place of business in South Australia (if relevant) |  |
| Type of entity (e.g. company, trust, partnership, sole trader, other) |  |
| Website (URL) |  |

Pharmacy Location and Contact

|  |  |
| --- | --- |
| Contact Person |  |
| Position |  |
| Address |  |
| Postal address  *(if different to above)* |  |
| E-mail |  |
| Telephone |  |

### Insurance

Provide details of Your current insurance policies (e.g., public liability insurance, professional indemnity insurance).

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| --- | --- |
| Policy Type |  |
| Policy Number |  |
| Policy Issuer |  |
| Policy Cover ($ Value) |  |
| Expiry Date |  |
| Policy Type |  |
| Policy Number |  |
| Policy Issuer |  |
| Policy Cover ($ Value) |  |
| Expiry Date |  |

Pharmacy Response to evaluation criteria

Mandatory Criteria

Does Your Expression of Interest comply with the following mandatory criteria? Provide details or attach supporting documents as evidence of Your compliance with each of the mandatory criteria listed below.

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| The tenderer must ensure all provider pharmacies:   * The pharmacy is a registered pharmacy premises under the *Health Practitioner Regulation National Law (South Australia) Act 2010.*  |  |  | | --- | --- | | Yes | No |  * The pharmacy holds a current license under the Pharmacy Regulation Act 2010.  |  |  | | --- | --- | | Yes | No |  * The pharmacy has approval to supply pharmaceutical benefits under the Pharmaceutical Benefits Scheme, in accordance with s.90 of the *National Health Act 1953*.  |  |  | | --- | --- | | Yes | No |  * Current accreditation against Quality Care Pharmacy Program (QCPP) accreditation, or other relevant accreditation program.  |  |  | | --- | --- | | Yes | No |  * An ability to meet the pharmacy minimum participation criteria. | |
| Yes | No |

Other Criteria

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| Provide details of Your capability and capacity to fulfil the Project Manager’s Requirements including:  • Pharmacy accessibility to established palliative care support services and networks.  • Previous experience providing palliative care medicine through other service agreements.  • Previous experience providing afterhours call back services for medicine supply, e.g., palliative care patients, aged care facility.   * Extended pharmacy opening hours, where appropriate. |
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| **DECLARATION**  I/we declare that in submitting the Expression of Interest and this declaration:   1. the information provided is true, accurate and complete and not misleading in any material respect 2. the Offer does not contain Intellectual Property that will breach a third party’s rights   I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and EoI may result in the Offer being excluded from further consideration in the EoI process.  By signing this declaration, the signatory below represents, warrants and agrees that they have been authorised by the Supplier/s to make this declaration on its/their behalf. | |
| *Authorised Person Signature:* |  |
| Authorised Person Name: |  |
| Title / Position: |  |
| Name of Pharmacy |  |
| Date: |  |