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REQUEST FOR QUOTATION – EMERGENCY LOCUM SERVICE

1 REQUEST FOR QUOTATION INFORMATION

This Request for Quotation (RFQ) is for services related to the operation of the Emergency Locum Service – a 7th Community Pharmacy Agreement (7CPA) program. Details on the RFQ timelines, enquiries, submission due date and defined terms are provided below.

| | |
|----------------------|---|
| Date of RFQ | TBA |
| RFQ details | <p>Quotations must be submitted by email no later than 5pm AEDT/AEST on 31 March 2021</p> <p>Suppliers may seek clarification on the information contained within this RFQ in writing from the contact officer</p> <p>Email address for enquiries: ppa@ppaonline.com.au</p> <p>Enquiry cut-off date: 24 March 2021</p> <p>Closing date/time for RFQ submission: 5pm AEDT/AEST 31 March 2021</p> |
| Defined terms | |
| AHA | Australian Healthcare Associates |
| Contract term | An initial contract term of two years will be awarded, with the option for up to two one-year extensions |
| ELS supplier | Supplier contracted to deliver services related to the operation of the Emergency Locum Service |
| PhARIA | Pharmacy Access Remoteness index of Australia |
| PPA | Pharmacy Programs Administrator |
| PPA Portal | The online system in which 7CPA claims are assessed and processed |
| The Department | The Department of Health |
| Transition period | Two months following execution of the contract |

2 BACKGROUND TO THE 7CPA

The Seventh Community Pharmacy Agreement (7CPA) is a five year agreement between the Commonwealth of Australia, the Pharmacy Guild of Australia and the Pharmaceutical Society of Australia. It supports consumer access to Pharmaceutical Benefits Scheme (PBS) subsidised medicines and related services through community pharmacies across Australia.

The 7CPA provides for an overall funding envelope of \$18.35 billion, comprising:

- \$16.00 billion in pharmacy remuneration for dispensing PBS subsidised medicines
- \$1.15 billion for the Community Service Obligation and National Diabetes Services Scheme product distribution arrangements
- \$1.20 billion for Community Pharmacy Programs.

The Community Pharmacy Programs that are funded by the 7CPA include:

- Medication adherence programs
 - Dose Administration Aids
 - Staged Supply
- Medication management programs
 - Home Medicines Review
 - Residential Medication Management Review
 - Quality Use of Medicines in Residential Aged Care Facilities
 - MedsCheck
 - Diabetes MedsCheck
- Aboriginal and Torres Strait Islander Specific Programs
 - Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islanders
 - Section 100 Pharmacy Support Allowance
 - Aboriginal and Torres Strait Islander Pharmacy Support Scheme
 - Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme
- Rural support programs
 - Regional Pharmacy Maintenance Allowance
 - Rural Continuing Professional Education Allowance
 - Intern Incentive Allowance for Rural Pharmacies
 - Emergency Locum Service
- Rural workforce programs
 - Rural Intern Training Allowance
 - Rural Pharmacy Scholarship Scheme
 - Rural Pharmacy Scholarship Mentor Scheme
 - Rural Pharmacy Liaison Officer Program.

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2.1 Australian Healthcare Associates (AHA) and The Pharmacy Programs Administrator (PPA)

AHA is contracted by the Department of Health to administer the 19 Community Pharmacy Programs referred to above. For the purposes of this work, AHA uses the trading name / branding Pharmacy Programs Administrator. The PPA is a division of Australian Healthcare Associates (AHA).

In its role as the administrator of the 19 Community Pharmacy Programs, AHA is seeking to engage a supplier to provide services in relation to the Emergency Locum Service (ELS).

3 EMERGENCY LOCUM SERVICE (ELS)

The ELS is an initiative of the Rural Pharmacy Workforce Program (RPWP). The RPWP is designed to strengthen and support the rural pharmacy workforce, and in turn provide increased access to quality pharmacy services for consumers residing in rural and remote regions of Australia.

RPWP is part of the suite of Rural Support Programs funded under the 7CPA to support targeted Programs and services that improve access to PBS medicines and services for people living in rural and remote regions of Australia.

ELS supports Community Pharmacies in rural and remote areas through direct access to Pharmacist locums in emergency situations. Locums are deployed at short notice, generally in under 24 hours, to provide relief in urgent and emergency situations.

The **ELS Program** assists Community Pharmacies by funding up to \$2,500 (GST exclusive) to contribute towards the travel costs between the locum's home and the Community Pharmacy location. The cost of Pharmacist locum wages and accommodation are not covered.

The ELS Program is available 24 hours a day, 7 days a week. Emergency locum placements are for a minimum of one day and a maximum of 7 consecutive days.

The **ELS supplier**:

- accepts and reviews ELS applications, and if eligible, sources a suitable locum pharmacist, in return for a placement fee paid by the PPA
- arranges travel for that locum from their current location to the community pharmacy, including provision of return travel arrangements, and requests reimbursement for these fees by the PPA.

4 SERVICES TO BE PROVIDED

AHA is seeking an ELS supplier to provide day-to-day management and administration of ELS Program applications, and to **efficiently and cost-effectively** source and place locums in rural and remote locations in response to emergency situations – including:

- Providing a phone number, fax number and website to facilitate ELS applications from community pharmacies
- Reviewing and, if eligible, fulfilling these applications – including the placement of a locum pharmacist within the timeframe specified under key performance indicators
- Submitting claims for reimbursement of ELS fees associated with locum travel and the ELS supplier's placement fee for each eligible and successfully placed ELS locum to the PPA
- Reporting to the PPA on the operation of the ELS as outlined in Deliverables and Meetings.

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The PPA will administer all payments in respect of claims submitted by the ELS supplier through the PPA Portal. Key responsibilities of the ELS supplier are outlined in the following section.

To assist suppliers with demand forecasting the following table details the number of ELS applications by PhARIA and state/territory for financial year 2019-2020 – all were approved. The travel costs associated with these applications totalled \$108,257 excluding GST.

Table 4-1: Number of ELS applications for financial year 2019-2020 by PhARIA and state/territory

| PhARIA | NSW | Vic | SA | QLD | WA | Tas | NT | Received | Placed |
|-----------------|-----------|-----------|-----------|-----------|-----------|----------|----------|------------|------------|
| 2 | 9 | 11 | 4 | 4 | 1 | - | - | 29 | 29 |
| 3 | 29 | 17 | - | 2 | 1 | - | - | 49 | 49 |
| 4 | 6 | 4 | 16 | 6 | - | 4 | - | 36 | 36 |
| 5 | 6 | 16 | 3 | 15 | 6 | 5 | - | 51 | 51 |
| 6 | 2 | - | 6 | 2 | 4 | - | - | 14 | 14 |
| Received | 52 | 48 | 29 | 29 | 12 | 9 | - | 179 | |
| Placed | 52 | 48 | 29 | 29 | 12 | 9 | - | | 179 |

Additional service specifications are provided in Attachment B.

4.1 Key responsibilities

Key responsibilities of the ELS supplier include:

- to provide day to day operation of the ELS in accordance with the latest approved version of the Program Rules developed by the Department of Health – ELS Program Rules can be downloaded [here](#)
- to develop and provide application forms and guidelines to applicants for ELS where requested in both written and electronic format
- to develop and maintain an ELS website that provides information on the ELS and access to contact details and ELS application forms in both written and electronic formats (links will be provided to the PPA for addition to its Program websites)
- to respond to enquiries and ELS applications received by fax, phone and website
- to operate the ELS which must be accessible 24 hours per day, seven (7) days per week and include telephone access via a toll-free number
- to assess ELS applications received for their eligibility as per the Eligibility Criteria set out in the latest approved version of the Program Rules
- to notify an ELS applicant as soon as possible (or as a maximum within 12 hours) of receipt of an ELS application

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- to arrange and place a locum in any rural location nationally as soon as possible and preferably within 24 hours, for a minimum of one (1) and a maximum of seven (7) consecutive days
- to provide receipts and invoice the PPA for the travel costs associated with placing the locum up to a maximum of \$2,500 (GST exclusive)
- to undertake general monitoring of locum placements
- to collaborate with the PPA in reviewing and improving the operation of the ELS
- to provide progress reports to the PPA on a six (6) monthly basis
- to provide any other reporting requirements as specified in the subcontract.

4.2 Submitting claims on the PPA Portal

The ELS supplier will be required to submit claims associated with locum placements on the PPA Portal. To enable submission of claims the ELS supplier must first create an account on the PPA portal. The account must be completed by an executive member of the ELS supplier. This information will be verified by a PPA team member prior to approval of the account.

Information the ELS supplier must provide in an ELS claim include:

- An invoice, uploaded to the claim form, detailing the following information:
 - Supplier name, ABN, invoice number and date of invoice
 - Name of the locum pharmacist and the position the locum is filling
 - The beginning and end date of the placement – noting a placement length no greater than 7 consecutive days
 - The state/territory and PhARIA classification of the placement location¹
 - Placement fee and ELS travel costs to be paid (including any related GST amount, if applicable)
- The total invoice amount payable and the total GST associated with the invoice – to be entered in the online claim form fields.

Each ELS claim is reviewed by the PPA to check for eligibility and completeness prior to payment being processed. Once a claim is approved by the PPA, payment is generally made to the ELS supplier's nominated bank account within 2-3 business days, and a remittance advice is emailed to the ELS supplier.

4.3 Key performance indicators

Key performance indicators (KPIs) that the ELS supplier will be evaluated against through routine reporting include:

- Placement of locums within 48 hours of a Community Pharmacy lodging an ELS request with the ELS supplier
- Applications to the ELS can be made 24 hours a day, 7 days a week
- 100% of deliverables submitted on time in accordance with contract, unless otherwise agreed.

¹ Please note, from 1 July 2021 the ELS will transition to the Modified Monash Model (MMM) of rural classification.

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5 DELIVERABLES AND MEETINGS

5.1 Deliverables

The following key deliverables will be required at the beginning of each financial year:

- A project plan
- A communications and promotions timetable – including detail of any activity to be undertaken to promote the ELS
- Administration budget
- Audited end of financial year reports with respect to the operation of the ELS
- Final report when participation in the ELS Program has ceased

Periodic reporting will include:

- Progress reports submitted every 6 months, including:
 - Narrative progress report of program management and/or challenges faced in previous 6 months
 - Data report in line with the ELS Progress Report Template (see Attachment C).

Further detail on the content of all deliverables is provided in the Draft Subcontract (Attachment A).

5.2 Progress meetings

The ELS supplier's representative must be available for fortnightly teleconference meetings with the PPA during the transition period to:

- Provide verbal progress updates on development of materials and systems to support provision of key responsibilities
- Raise any transition risks and mitigation strategies being employed

For a period of two (2) months following the execution of the contract fortnightly meetings, conducted by teleconference, will be required to provide the PPA with updates on progress.

Beyond this period a mutually agreed timeframe for teleconference meetings between the PPA and ELS supplier will be scheduled.

6 RESPONSE FORMAT

Suppliers wishing to submit a response to this RFQ are requested to submit the following documents:

- Response Form (Attachment D) – in PDF or word format, limited to 25 pages not inclusive of CVs
 - Approach to providing ELS Program services
 - Nominated personnel
 - Supplier experience
 - Market innovation
 - Referees – two referees that can speak to the supplier's recent relevant experience are requested

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- Pricing response tables
- CVs for nominated personnel.

7 SELECTION CRITERIA

All responses will be subject to the same technical criteria, weighted as follows:

- Approach to providing ELS services 60%
- Demonstrated experience 20%
- Suitability of nominated personnel 10%
- Market innovation 10%

The selection panel will also consider risk, pricing and value for money in the assessment of quotations – these selection criteria are unweighted.

8 FEES TO PROVIDE SERVICES

Suppliers are to provide quotations for the following element of the required services in the designated pricing section of the Response Form (Attachment D):

- **Supplier placement fee** – a fee payable to the ELS supplier for placement of a locum. This fee is payable in respect of the placement of each locum and upon submission of a valid invoice via the PPA portal. This fee should clearly state the:
 - Fee exclusive of GST
 - GST component of the fee
 - Fee inclusive of GST.
- If applicable, **a once-off setup fee** associated with transition from the current supplier and implementation of systems to support operations of the ELS.

The following elements have a budget of \$70,000 per year exclusive of GST, and are separate to the supplier placement fee detailed above:

- **Reporting, management and operational fees** – fees payable by AHA to the supplier in respect of contracted reporting requirements – these are paid in respect of each milestone/deliverable, as outlined in section 5 Deliverables and Meetings
- **Continuous improvement and innovation** – It is expected that the supplier will implement continuous improvement initiatives either in supplier processes or systems that respond to emerging industry demands.

9 ELS FREQUENTLY ASKED QUESTIONS

The following FAQs are published on the [PPA Website](#) to assist pharmacies requesting ELS support.

| Question | Answer |
|---|--|
| How do I apply for an emergency locum? | You can make an application for an emergency locum at the ELS Provider website or by telephone on 1800 357 001 |
| Who is eligible to apply for an emergency locum? | A Pharmacy must be: <ul style="list-style-type: none"> • A Community Pharmacy • Located in a rural or remote location • Unable to undertake dispensing duties or to fully and effectively operate the Pharmacy due to an emergency situation. |
| What classifies as a rural or remote area? | Eligible locations are classified as having a PhARIA rating between 2-6 inclusive. A full list of PhARIA locations is located here https://www.adelaide.edu.au/hugo-centre/spatial_data/pharia/ |
| What classifies as an emergency situation? | An emergency situation is defined as: <ul style="list-style-type: none"> • The Pharmacist is unable to undertake dispensing duties or to fully and effectively operate the Pharmacy due to illness or injury. <p>A family emergency requires the Pharmacist to be present at an alternate location, or take action that renders themselves unavailable to undertake dispensing duties or to fully and effectively operate the Pharmacy. A family emergency is defined as:</p> <ul style="list-style-type: none"> • Illness or injury to a member of immediate family • Illness or injury to a dependant relative • Bereavement due to a death of a member of immediate family. |
| How much funding is available under the ELS Program? | Funding for ELS locum travel is available up to \$2,500 (GST exclusive) each time you use the ELS program. There is no limit to the amount of times you can access the Program each year. |
| How long can I have a locum under the Program? | ELS placements are for a minimum of one day and a maximum of seven consecutive days. |
| What are the opening hours for ELS? | ELS can be contacted anytime 24 hours a day, seven days a week. |



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|---|--|
| What can I use the funding from ELS to pay for? | ELS funding is only intended to be used to contribute to the travel costs between the locum’s home and the Pharmacy location. Other costs such as locum wages, meals etc. will not be covered. |
| Do I have input into which locum is placed at my Pharmacy? | No, locum placements are organised by the current ELS provider and the Program Rules stipulate that applicants must accept the locum provided to them. |
| What hourly rate do I need to offer the locum? | Under the terms of the ELS the rate is \$60/hr + superannuation. |
| What sort of accommodation do I need to provide the locum? | Accommodation needs to be of a reasonable standard, e.g. a self-contained unit or hotel/motel/guesthouse. |

10 CONDITIONS OF TENDERING

10.1 Intellectual property rights in RFQ

1. All intellectual property that exists in the information contained in this RFQ, or any related or attached material, remains the property of the Department of Health.
2. Each Tenderer is permitted to use this RFQ for the purpose only of compiling its Tender and, in the case of the Tenderer(s) selected through this RFQ process, for negotiating the resultant Contract with AHA.

10.2 Confidentiality

1. AHA will, subject to this RFQ, endeavour to treat the following information as confidential:
 - all Tenders received prior to the award of a resultant Contract
 - all unsuccessful Tenders, following the award of a resultant Contract
 - all successful Tenders, following the award of a resultant Contract but only to the extent that:
 - the successful Tenderer requests that specific information in their Tender be kept confidential, and
 - AHA has determined that specific information is to be kept confidential in accordance with the [Confidentiality Throughout the Procurement Cycle](#) from the Department of Finance and has agreed, pursuant to the resultant Contract with the successful Tenderer, to keep that information confidential.

10.3 Cost of preparing and submitting tender

1. To the extent permitted by law, participation in this RFQ process is at the Tenderer's sole risk, cost and expense, and in no circumstances will AHA or the Department of Health be responsible for any costs incurred by a Tenderer in preparing a Tender, or associated expenses related to this RFQ.

10.4 Tenderers to inform themselves

1. Tenderers are deemed to have:
 - examined this RFQ, and any other documents referenced or referred to in this RFQ, and any other information made available in writing by AHA to Tenderers for the purposes of submitting a Tender
 - examined all other information which is obtainable by the making of reasonable and timely inquiries and relevant to the risks, contingencies and other circumstances having an effect on their Tender
 - satisfied themselves as to the correctness and sufficiency of their Tender, including quoted prices which are deemed to cover the cost of all matters necessary for the due and proper performance and delivery of the Services described in the RFQ
 - satisfied themselves as to the terms and conditions of the Draft Contract and its ability to comply with the Draft Contract (including by obtaining independent legal advice on the effect of its terms where appropriate)

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- obtained independent advice on the effect of all relevant legislation in relation to the Tenderer's participation in the RFQ process
 - made their own independent assessments of actual workload requirements under any resultant Contract and all prices will be presumed by the Department to have been based upon the Tenderer's own independent assessments.
2. It is the responsibility of Tenderers to obtain all information necessary or convenient for the preparation of their Tender.
 3. Tenderers must not rely, and are deemed not to have relied, upon any statement or representation by AHA, whether before or after the date of this RFQ, in connection with this RFQ or this RFQ process, unless that statement or representation is made in writing by the Contact Officer for this RFQ.
 4. Tenderers should obtain their own legal and other professional advice on this RFQ and its requirements including in respect of the potential rights and obligations in respect of the Draft Contract and should not construe this RFQ as investment, legal, tax or other advice.

10.5 No contract or undertaking

1. Nothing in this RFQ or in any Tender or by the submission of a Tender (in part or together) creates, or is to be construed to create, any binding contract or other understanding (including any form of contractual, quasi-contractual, restitutionary rights or other legal relationship (express or implied) between AHA and any Tenderer unless and until a resultant Subcontract (if any) is signed by AHA and a successful Tenderer.

10.6 Acceptance

1. Selection of the preferred Tender will be subject to the execution of a Contract between AHA and the successful Tenderer substantially in the form of the Draft Contract Attachment A.
2. Neither the lowest priced Tender, nor any Tender, will necessarily be accepted by AHA.