

Pharmacy Contracting Policy: Strategy, Planning and Outcomes

Type: Policy	Date: January 2020
Issued by: Rod Bartling	Version: 2
Applicable to: Strategy, Planning & Outcomes	Contact person: General Manager: Strategy, Planning & Outcomes

1. Purpose

The purpose of Hutt Valley DHB's policy for contracting with pharmacy providers is to help enable the DHB to make contracting decisions that will advance the objectives of the *Pharmacy Action Plan 2016 – 2020* published by the Ministry of Health and the DHB's *Our Vision for Change* and *Future Pharmacist Services*, and to give effect to the DHB's statutory functions and objectives under the New Zealand Public Health and Disability Act 2000, including:

to seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local...needs (section 22(1)(ba))

To do that, this policy will guide the DHB in making decisions relating to pharmacy contracts consistent with its legal obligations.

2. Context

Hutt Valley DHB has approved a pharmacist services strategy *Future Pharmacist Services* as both an enabler of its DHB strategy *Vision for Change* and to make better use of a health workforce whose skills are underutilised. Service supply and service quality are key aspects of *Future Pharmacist Services*.

In the Hutt Valley DHB region, and in some other urban areas in NZ, there has been a growing number of pharmacies establishing and requesting contracts. Hutt Valley DHB, is concerned that the pharmacies are establishing in commercial centres that are already well served by existing pharmacy services, and that the effect of a growing number of small pharmacies is to reduce the clinical viability and service quality of pharmacy services, and make integration with general practice more complex. Several countries, including the United Kingdom and Australia, have regulatory regimes to manage the supply of pharmacy services. Their focus has been to ensure there is adequate access to funded medicines and pharmacy services.

In New Zealand, DHBs are also able to adopt a more selective approach to contracting for pharmacy services. Consistent with the approach taken in other jurisdictions, and to advance strategies for pharmacist services, HVDHB now intends to take a more selective approach when making pharmacy contracting decisions, as set out in this policy.

3. Policy Statement

Hutt Valley DHB wishes to be more planned and thoughtful about the supply and location of pharmacies in its region, and to ensure that those providers that it contracts will be able to provide a high quality service to patients.

The DHB has a responsibility through the New Zealand Health and Disability Act (NZHDA) to take a population health focus. As a funder, the DHB seeks the gain best value from its health investments to ensure the overall objective of improving the health of those living in their district. Part 1 of the Act addresses how this legislation should be used to recognise and respect the principles of the Treaty of Waitangi, for the purpose of improving health outcomes for Māori. Part 3 of the Act includes the statutory objective for DHBs to reduce health disparities for Māori and other population groups and to reduce, with a view to eliminating these health outcome disparities. Part 3 also provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services.

Providers in the Hutt Valley should be capable of not only complying with the requirements of the *Integrated Community Pharmacy Services Agreement (ICPSA)*, but also implement actions that support the *Pharmacy Action Plan* and Hutt Valley DHB's strategy, *Future Pharmacist Services*. The key themes of our *Future Pharmacist Services* are:

- Improve equity by channeling more resources to the DHB's priority populations, including geographical bases
- Integrate pharmacists within the wider general practice team to provide shared care for complex patients
- Release pharmacists from supply activity to enable provision of patient and prescriber advice
- Better manage information about medication and care plans.

In addition, the Board has agreed to the following decision-making principles.

- Equity – our decisions will support the elimination of health inequalities;
- People-centred – our decisions will improve individuals and whānau experiences of care and address what matters most to them;
- Outcomes focused – our decisions will improve health outcomes and wellbeing for individuals and whānau;
- Needs-focused – our decisions will be based on where the greatest need lies;
- Partnerships – our decisions will increase connections between individuals, whānau, health and social services;
- Systems-thinking – our decisions will benefit the health system as a whole;
- Co-design – our decisions will draw on the knowledge and expertise of our partners and be co-designed with them;
- Stewardship of resources – our decisions will ensure we get the best value from our funding and carefully balance the benefits and costs of our investments.

When this policy applies

This policy will guide Hutt Valley DHB's decision-making in relation to:

- any requests the DHB receives for a new pharmacy contract (ICPSA);
- any request that an existing pharmacy contract-holder be able to provide services from additional premises (including through a satellite pharmacy)
- any pharmacy relocations.

This policy does not apply to transfer of ownership, or changes to service schedules of existing community pharmacies which hold an ICPSA with Hutt Valley DHB. Hutt Valley DHB does reserve the right to seek further advice on decision-making should the entity proposed to be transferred to fundamentally undermine the Hutt Valley DHB strategic direction.

4. Process for a new pharmacy or assignment

The DHB encourages anyone who may wish to apply for a new pharmacy contract, an assignment/transfer of an existing contract, or to provide services from more than one premises, to notify the DHB of that as soon as possible.

- 1) Applicants must complete an application form and post it to The Pharmacy Service Planning and Integration Manager, Strategy Planning and Outcomes, Hutt Valley DHB, Private Bag 31-907, Lower Hutt or send it electronically to keith.fraser@huttvalleydhb.org.nz (Applicants must ensure they provide all relevant information to the DHB with their application.
- 2) The DHB will acknowledge receipt of the application within 5 working days.
- 3) The DHB will convene a panel (HVDHB Clinical Director Primary and Integrated Care, HVDHB Chief Pharmacist, HVDHB Maori Health representative, HVDHB Service Planning and Integration Manager Pharmacy Services, a DHB Strategy and Planning representative), to consider the information provided in the application form. The panel, having regard to the information provided in the application and the strategic priorities and decision-making principles, will discuss and assess the information.
- 4) The panel will make a recommendation to the General Manager Strategy Planning and Outcomes. The panel, or the General Manager, may seek additional information or advice as required.

- 5) The panel's recommendation, and General Manager's decision, will have regard to the matters set out below. The panel may request further information from the applicant if required.
- 6) The applicant will be advised of the outcome of the application within 40 working days of the DHB receiving a completed application form.

Applications that are granted will be subject to the provider meeting all legal requirements, including the requirement to have and maintain a licence to operate a pharmacy.

A successful application will not be a guarantee that all proposed services will be funded.

5. Decision Making Criteria

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

Decision Making Criteria	Weighting
<ul style="list-style-type: none"> • Applicant information – Annual Practising Certificate (including any conditions) and good character information; 	Required
<ul style="list-style-type: none"> • Pharmacy information – proposed location, proposed services, opening hours, staffing FTE and qualifications; 	High
<ul style="list-style-type: none"> • Proximity to other pharmacy services in the proposed location – what services, distance from proposed site, staffing; 	High
<ul style="list-style-type: none"> • Alignment of the application with the relevant national and local strategic priorities for pharmacy services (as per the Policy Statement); 	Critical
<ul style="list-style-type: none"> • The population needs in the proposed pharmacy's location, how are they being met at present, and whether they will be enhanced by the proposed pharmacy; 	High
<ul style="list-style-type: none"> • How the pharmacy will work with other providers (particularly local general practices) to ensure integrated and continuity of care to patients; 	High
<ul style="list-style-type: none"> • The support the applicant has from general practice providers in the area; 	Medium
<ul style="list-style-type: none"> • The overall impact that approving the application might have on the provision of pharmacy and pharmacist services; 	Medium
<ul style="list-style-type: none"> • Any other matters that the DHB considers to be relevant to its assessment of the application. 	Medium

6. Authorisation

This policy is authorised on behalf of Hutt Valley DHB by the General Manager, Strategy Planning and Outcomes.

7. Review

The policy will be subject to review when required.

Hutt Valley DHB Application for a new Integrated Community Pharmacy Services Agreement

Guidelines for Application Form 1

Hutt Valley District Health Board (DHB) encourages anyone who may wish to apply for an Integrated Community Pharmacy Services Agreement (ICPSA) for a new community pharmacy to notify the DHB of that intention as soon as possible.

All requests for a new ICPSA with Hutt Valley DHB must be made on this Application Form, and be submitted to: Service Planning Integration Manager (Pharmacy Services), Strategy, Planning and Outcomes. Receipt of the application will be acknowledged by email by within five working days. Hutt Valley DHB is not responsible for applications that are not received.

Applicants are strongly encouraged to complete this application process prior to seeking a license to operate a pharmacy from Medicines Control and prior to making any commitments which may be reliant upon this application being approved by Hutt Valley DHB.

Applicants should note that describing a requirement as being “complied with” or stating that the services required “can be provided” (or words to such effect) is not sufficient. A full response to each question is required.

Additional documentation in support of your application can be attached to your Application Form. If supplementary information is provided, ensure that clear cross-referencing between the Application Form and supplementary material is provided. Hutt Valley DHB may not review additional information if it considers that the information provided is outside the scope of the evaluation.

This document should be read in conjunction with:

- The terms and conditions specified at the end of this form
- Hutt Valley DHB Pharmacist Services Strategy – Future Pharmacist Services Community Pharmacy Strategic Plan 2018-2023
- Hutt Valley DHB Community Pharmacy Contracting Policy
- Integrated Community Pharmacy Services Agreement as updated/amended from time to time
- Medicines Act 1981 and Medicines Regulations 1984
- Health and Disability Services Pharmacy Standards (New Zealand Standard NZS 8134.7: 2010) as updated/amended from time to time.

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

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

Hutt Valley DHB accepts no responsibility for any error in this Application Form or related documents.

Hutt Valley DHB is under no obligation to check supplied information for errors.

Hutt Valley DHB may withdraw or amend this Application Form at any time.

Hutt Valley DHB reserves the right, in its sole discretion, to deviate from any stated process (including any stated evaluation process) at any time and for any reason.

All Applicants are required to confirm their acceptance of the terms and conditions listed above by signing the Agreement and Acknowledgements section of this form.

Application Form 1 - for a new pharmacy

Applicants should familiarise themselves with the criteria to be met before preparing their application.

Organisation Details	
Name or proposed name of Pharmacy	
Location Details (address) of proposed pharmacy	
Name, position and primary contact details of the person authorised to respond to queries relating to this application and to enter into agreements on behalf of your organisation	Name: Position: Ph: Email: Postal Address:
Shareholding pharmacist(s)	
Responsible Person under Medicines Act 1981	

Organisation Experience	
Provide information about the governance and management structure of your organisation, including the relevant qualifications and experience of the members.	
Describe any experience that you or your organisation has had delivering community pharmacy services in New Zealand.	
Provide a business case that demonstrates that due diligence has been completed, and the proposed new pharmacy is expected to be effective, efficient, and sustainable. This assessment is expected to include consideration of the financial viability of the proposed service.	
Indicate whether your organisation has been the subject of a breach finding of the Code of Health and Disability Services Consumers' Rights in the last 24 months. If yes, provide details.	
Has the applicant had a Ministry of Health pharmacy licence that has had conditions applied or cancelled? If yes, provide details.	
Has the responsible person or any of the shareholders ever had conditions imposed on their Annual Practising Certificate (APC) or had an APC cancelled. If answering yes, please provide details.	

Proposed Services and Location	
What communities and locations does your organisation intend to provide community pharmacy services to and why?	
Does your organisation intend to provide all PHARMAC Schedule non-section H medications to patients if requested and required - including high cost medications? Note: exemptions may apply as directed by Hutt Valley DHB or PHARMAC.	
Specify the date your organisation proposes to commence provision of community pharmacy services within the Hutt Valley DHB catchment area	
Provide the names of other community pharmacy service providers that are currently operating within the area that you intend to provide services	
Provide information on co-located and nearby services and facilities relating to: <ul style="list-style-type: none"> • better population health outcomes, such as healthy eating, healthy exercise, social inclusion, etc. • alcohol, tobacco sales, fast-food outlets, gambling facilities, or other services that oppose better population health outcomes. 	
Provide information on how, in the context of co-located and nearby services, your organisation will increase positive health outcomes, and minimize and mitigate negative health outcomes.	

1. Person Centred Care

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

Q1. Describe the population you are intending to service. Outline unmet need you have identified or improvements/innovations your services could make for patients.

Q2. Describe how you will provide person-centred care (with particular reference to our priority populations).

Q3. Describe how you will ensure patient privacy so that service-related conversations cannot be overheard by other clients in the pharmacy.

Q4. What are your proposed operating hours?

2. Service Delivery

To provide users with a pharmacy home that has the ability to support all their medicines/pharmacy-related needs

Q5. Describe your service philosophy.

Q6. List the services that you intend to provide to meet the needs of the population you intend to serve.

Q7. Will your pharmacy participate in local/national health promotion initiatives and/or other pharmacy initiatives?

3. 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

Q8. Outline the proposed IT setup and intended approach to ensuring communication with key providers in the general practice team.

Q9. How will you optimise the time that your pharmacists have for providing cognitive services, as distinct from medication supply? This should include how many pharmacists, interns, technicians you propose to employ, based on your business plan, as well as utilisation of technology.

Q10. 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?

4. Collaboration

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

Q11. 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 general practice providers, PHOs or other community providers in the area.

Q12. Describe how you plan to use technology/online services to support integrated care.

5. Other Supporting Information

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

Agreements and Acknowledgements

By signing below, the signatory represents that he/she:

- ✓ has reviewed the responses provided to each question in this Application Form and is satisfied that the information is true and correct;
- ✓ has satisfied himself/herself as to the correctness and sufficiency of their proposals;
- ✓ understands and accepts that he/she is responsible for the accuracy of the information in this application;
- ✓ understands that if any information provided in this proposal is found to be false, either prior to or after entering a service agreement, this will be grounds for Hutt Valley DHB to remove the provider from the application process or cancel the agreement;
- ✓ has read and understood all referenced documents;
- ✓ has read and understood the terms and conditions listed in this Application Form and referenced documents;
- ✓ accepts and agrees to the terms and conditions listed in this Application Form and referenced documents;
- ✓ is duly authorised to make this application;
- ✓ can confirm that the organisation's constitutional documents allow the organisation to make this offer and enter into an agreement with Hutt Valley DHB to provide community pharmacy services;
- ✓ understands that Hutt Valley DHB approval of this application does not necessarily mean that a License to Operate a Pharmacy will be granted by the Licensing Authority;
- ✓ understands that Hutt Valley DHB approval of this application in no way indicates that Hutt Valley DHB considers the pharmacy will be commercially viable or successful;
- ✓ understands that a formal written Integrated Community Pharmacy Services Agreement must be executed by authorised signatories of Hutt Valley DHB and your organisation before your organisation is permitted to provide community pharmacy services for Hutt Valley DHB and receive payments under the terms of that Agreement;
- ✓ understands that Hutt Valley DHB does not generally make payments against draft Agreements; and
- ✓ understands that while Hutt Valley DHB will endeavour to process your application in a timely manner, Hutt Valley DHB makes no commitment to approve this application in time for your proposed pharmacy opening date (indicated above).

Consent for Hutt Valley DHB enquiries:

- The organisation submitting this proposal gives permission for Hutt Valley DHB to make any enquiries or request from any person any information (including personal information about anyone who might have a role in providing the service) which may have a bearing on its/their ability to provide the service proposed.

Confidentiality of Information:

- The information contained in this application will be treated as strictly confidential by the DHB, its agents and its advisors. The DHB will not, except as required by law, or for the purposes of obtaining references, disclose any of the information provided in your application to any other person without your prior written consent. The DHB may, however, disclose the fact that your organisation submitted an application for a Community Pharmacy Services Agreement AND may disclose all or part of the information provided, in response to a request under the Official Information Act 1982 without reference to you.

Signed on behalf of the organisation submitting this proposal

Name	Signature	Position	Date

Declaration of Conflicts of Interest

Applicants must disclose in writing to Hutt Valley DHB, any interests which they are aware of, or become aware of, that could conflict with the submission of this application for an Integrated Community Pharmacy Services Agreement. Interests that must be disclosed include (but are not limited to) the following:

- You, or a senior member of your organisation, is or has recently been employed by Hutt Valley DHB;
- You, or a senior member of your organisation, has an immediate family member or relative employed by Hutt Valley DHB;
- You, or a senior member of your organisation, currently sits on the Hutt Valley DHB Board or a Hutt Valley DHB Advisory Board;
- You, a senior member of your organisation or your organisation has given gifts, donations or sponsorship to Hutt Valley DHB or a particular Hutt Valley DHB employee; or
- Your organisation is currently providing consultancy or advisory services to Hutt Valley DHB or is otherwise directly associated in any way with Hutt Valley DHB.

Appropriate management of conflicts of interest varies depending on the nature and type of conflict involved. Serious conflicts of interest may result in Hutt Valley DHB refusing to consider an application from an organisation.

Name:		Organisation:	
Services:	Community Pharmacy Services	Date:	
I have interests to declare for the purpose of this request for proposal:			(If Yes, please declare interests below)
Individual / Organisation		Description of Interest	
I have read and understood the above Conflict of Interest information. I confirm that at the date of signing this form, that the information I have disclosed is true and complete. I agree to declare any conflicts of interest that may arise in relation to this service during the request for proposal process.			
Name (printed)	Signature*	Position	Date

Please return your complete application to the Service Planning Integration Manager (Pharmacy Services), Strategy Planning and Outcomes

Hutt Valley DHB's preferred means of application is by email, with all information contained in this document. All other formats take longer to assess.

*Where signatures are required, please insert a digital signature or scan and submit these two pages.

Guidelines for Application Form 2 – For a Pharmacy Relocation

Hutt Valley District Health Board (DHB) encourages anyone who may wish to relocate an existing pharmacy and who holds an Integrated Community Pharmacy Services Agreement (ICPSA) with Hutt Valley DHB to notify the DHB of that intention as soon as possible, and at least 20 business days prior to the date the change is proposed to come into effect.

All proposals must be made on this Application Form, and be submitted to: Service Planning Integration Manager (Pharmacy Services), Strategy, Planning and Outcomes. Receipt of the application will be acknowledged by email by within five working days. Hutt Valley DHB is not responsible for applications that are not received.

Applicants are strongly encouraged to complete this application process prior to making any commitments which may be reliant upon this application being approved by Hutt Valley DHB.

Applicants should note that describing a requirement as being “complied with” or stating that the services required “can be provided” (or words to such effect) is not sufficient. A full response to each question is required.

Additional documentation in support of your application can be attached to your Application Form. If supplementary information is provided, ensure that clear cross-referencing between the Application Form and supplementary material is provided. Hutt Valley DHB may not review additional information if it considers that the information provided is outside the scope of the evaluation.

This document should be read in conjunction with:

- The terms and conditions specified at the end of this form
- Hutt Valley DHB Pharmacist Services Strategy – Future Pharmacist Services Community Pharmacy Strategic Plan 2018-2023
- Hutt Valley DHB Community Pharmacy Contracting Policy
- Integrated Community Pharmacy Services Agreement as updated/amended from time to time
- Medicines Act 1981 and Medicines Regulations 1984
- Health and Disability Services Pharmacy Standards (New Zealand Standard NZS 8134.7: 2010) as updated/amended from time to time.

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

Hutt Valley DHB accepts no responsibility for any error in this Application Form or related documents.

Hutt Valley DHB is under no obligation to check supplied information for errors.

Hutt Valley DHB may withdraw or amend this Application Form at any time.

Hutt Valley DHB reserves the right, in its sole discretion, to deviate from any stated process (including any stated evaluation process) at any time and for any reason.

All Applicants are required to confirm their acceptance of the terms and conditions listed above by signing the Agreement and Acknowledgements section of this form.

If Hutt Valley DHB has not notified you in writing of its decision regarding this application within 20 business days of receiving it, consent is deemed to be given.

Application Form 2 - for a relocating a pharmacy

Applicants should familiarise themselves with the criteria to be met before preparing their application.

Organisation Details	
Legal entity name	
Trading name	
Current Location Address	
Proposed Relocation Address	
Name, position and primary contact details of the person authorised to respond to queries relating to this application and to enter into agreements on behalf of your organisation	Name: Position: Ph: Email: Postal Address:
Shareholding pharmacist(s)	
Responsible Person under Medicines Act 1981	

Organisation Experience	
Provide a business case that demonstrates that due diligence has been completed, and the proposed new pharmacy is expected to be effective, efficient, and sustainable. This assessment is expected to include consideration of the financial viability of the proposed service.	

Proposed Services and Location	
What communities and locations does your organisation intend to provide community pharmacy services to and why?	
Specify the date your organisation proposes to relocate the pharmacy.	
Provide the names of other community pharmacy service providers that are currently operating within the area that you intend to provide services	
Provide information on co-located and nearby services and facilities relating to: <ul style="list-style-type: none"> better population health outcomes, such as healthy eating, healthy exercise, social inclusion, etc. alcohol, tobacco sales, fast-food outlets, gambling facilities, or other services that oppose better population health outcomes. 	
Provide information on how, in the context of co-located and nearby services, your organisation will increase	

positive health outcomes, and minimize and mitigate negative health outcomes.	
Provide information on how the needs of your organisation's current service users will be met if it relocates to the proposed location.	

1. Person Centred Care

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

Q1. Describe the population you are intending to service. Outline unmet need you have identified or improvements/innovations your services could make for patients.

Q2. Describe how you will provide person-centred care (with particular reference to our priority populations).

Q3. Describe how you will ensure patient privacy so that service-related conversations cannot be overheard by other clients in the pharmacy.

Q4. What are your proposed operating hours? Are these different or the same as your organisation's current operating hours?

2. Service Delivery

To provide users with a pharmacy home that has the ability to support all their medicines/pharmacy-related needs

Q5. List the services that you intend to provide to meet the needs of the population you intend to serve. Do you intend to provide different services in the proposed location.

3. 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

Q6. Outline whether the proposed location will result in changes to staff. If so, specify those changes and the reason for the changes.

4. Collaboration

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

Q7. Describe any collaboration you have had (or have now) with general practice, PHOs or other community providers in the proposed relocation area.

Q8. Describe how you plan to use technology/online services to support integrated care.

5. Other Supporting Information

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

Agreements and Acknowledgements

By signing below, the signatory represents that he/she:

- ✓ has reviewed the responses provided to each question in this Application Form and is satisfied that the information is true and correct;
- ✓ is satisfied as to the correctness and sufficiency of their proposals;
- ✓ understands and accepts that he/she is responsible for the accuracy of the information in this application;
- ✓ understands that if any information provided in this proposal is found to be false, either prior to or after entering a service agreement, this will be grounds for Hutt Valley DHB to remove the provider from the application process or cancel the agreement;
- ✓ has read and understood all referenced documents;
- ✓ has read and understood the terms and conditions listed in this Application Form and referenced documents;
- ✓ accepts and agrees to the terms and conditions listed in this Application Form and referenced documents;
- ✓ is duly authorised to make this application;
- ✓ understands that Hutt Valley DHB approval of this application in no way indicates that Hutt Valley DHB considers the pharmacy will be commercially viable or successful;

Consent for Hutt Valley DHB enquiries:

- The organisation submitting this proposal gives permission for Hutt Valley DHB to make any enquiries or request from any person any information (including personal information about anyone who might have a role in providing the service) which may have a bearing on its/their ability to provide the service proposed.

Confidentiality of Information:

- The information contained in this application will be treated as strictly confidential by the DHB, its agents and its advisors. The DHB will not, except as required by law, or for the purposes of obtaining references, disclose any of the information provided in your application to any other person without your prior written consent. The DHB may, however, disclose the fact that your organisation submitted an application to relocate AND may disclose all or part of the information provided, in response to a request under the Official Information Act 1982 without reference to you.

Signed on behalf of the organisation submitting this proposal

Name	Signature*	Position	Date