



Strategy for Procurement of Medicines in Acute & non-Acute Hospitals

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Introduction

The World Health Organisation defines pharmaceutical procurement as a complex process, which involves many steps, agencies, ministries and manufacturers (1). Irrespective of the model employed, to manage the procurement and distribution system, efficient procedures should be in place; to select the most cost-effective essential drugs to treat commonly encountered diseases, to quantify requirement needs, to pre-select potential suppliers; to manage procurement and delivery, to ensure good product quality and to monitor the performance of suppliers and the procurement system. Failure in any of these areas leads to lack of access to appropriate drugs and to waste.

In 2014, the EU introduced the EU Procurement Directive 2014/24/EU under which medicines purchased by public funds applies (2). The Health Service Executive (HSE) is required to comply with the legislation where the health service directly purchases the medicines i.e. medicines used in Acute & non-Acute Hospitals. Medicines supplied in the community setting but reimbursed under Community Drug Schemes other than the High Tech Drug Scheme (HTDS) are not considered a direct purchase of medicines by the health service and therefore the compliance falls under the responsibility of sole traders i.e. pharmacy businesses.

A near neighbour example of an integrated clinically led procurement strategy is Northern Ireland (NI). The HSE has reviewed the health service procurement in NI, undertaken by the Business Services Organisation Procurement and Logistics Service (BSOPaLS).

The Regional Pharmaceutical Contracting Executive Group (RPCEG) (Appendix 1) provide clinical pharmacy leadership at an operational level with representation from the Heads of Pharmacy of the five hospital trusts, BSOPaLS, Regional Pharmaceutical Procurement Service (RPhPS) and Department of Health. Professional and technical support, clinical advice and leadership are provided by the RPhPS, based within the Northern Health and Social Care Trusts (3).

Northern Ireland has implemented a clear structured approach with a Dynamic Purchasing System (DPS) to support the medicines procurement portfolio. In addition to this, the Department of Health leads the Medicines Optimisation Regional Efficiency (MORE) Programme that is operationalised by the Trusts and the Health and Social Care Board (HSCB). This programme of work aims to achieve £90m efficiency in primary and secondary care medicines over a three-year period commencing 1 April 2016 (3).

This approach concurs with the vision of this strategy where the compliant, safe and value for money procurement of medicines is clinically led by pharmacy, in collaboration with colleagues in finance, procurement and relevant clinical areas.

Vision

The vision for the purchase and supply of medicines within the Acute & non-Acute Hospitals is clinically led to ensure a healthy market where products of good quality are available at affordable and transparent prices on a sustainable and timely basis. This vision aligns with the HSE vision, which aims for a healthier Ireland with a high quality health service valued by all.



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The HSE procurement policy holds key values in managing all procurement related transactions. (4) In addition, those engaging in procurement decisions for medicines are expected to espouse the following;

- Preserve the highest standard of integrity, fairness, efficacy and confidentiality in all dealings with suppliers or potential suppliers.
- Meet the requirements of customers and deliver medicines safely to a patient when they need them.
- Optimise value while enabling effective outcomes for patients.
- Commitment to good business conduct and compliance with the relevant procurement procedures set out in legislation (EU procurement Directives), HSE's National Financial Regulations of purchasing and supply and Medicinal Products supply legislation (5)
- Demonstrate probity.

Current Landscape

Ultimately, the Hospital Group CEO or designate (e.g. Hospital Chief Pharmacist) in each hospital is responsible for the procurement of medicines at the level of his or her individual hospital and for ensuring that this activity complies with Medicinal Products supply legislation and National/EU Procurement legislation. Most medicines procured directly by Acute & non-Acute Hospitals are funded through individual hospital budgets, while a small proportion come under central procurement (e.g. Hepatitis C). Certain other medicines are compliantly procured at a national level e.g. some direct acting anti-retroviral drugs, orphan drugs and vaccines. Acute & non-Acute hospitals drug expenditure accounts for 20% of the overall HSE spend on medicines.

A recent HSE Internal Audit Report identified that some hospitals do not apply established HSE procurement policies in relation to the selection of suppliers of medicines, i.e. competitive supplier selection via tender process using the aggregate purchasing power of the HSE (6). While contracts do exist for some individual medicines in some hospitals, there is, in the main, no evidence of formal contracts or other agreements in place with the suppliers of medicines as required under HSE National Financial Regulations (NFR01). The supply arrangements for medicines originate from the terms of the Agreements between the pharmaceutical associations (IPHA) and Department of Public Expenditure and Reform (DPER), the Department of Health (DoH) and the HSE, and hospitals are free to seek better terms on an individual or collective basis.

The report also found that the pharmacy department in each hospital operate as independent purchasing units within the HSE and the drug manufacturers and wholesalers regard each pharmacy department as the 'customer' rather than the HSE as a whole. This can hinder the aggregate purchasing of medicines in order to avail of supplier discounts. Due to the variety and quality of data available from purchasing software between pharmacies, it is difficult to compare medicine prices between the different pharmacy departments. The overall attainment value for the HSE may be impeded due to different hospitals paying different prices for the same medicine.



Currently, the majority of hospitals do not participate in local, regional or national competitive procurement processes to select suppliers and prices for their medicine requirements. The framework for pricing all medicines – patented, generic and biologic medicines, are established under the Framework Agreement on the Supply and Pricing of Medicines 2016-2020 (7). The Framework agreement sets the maximum price to be paid and therefore additional reductions in price can be offered for local, regional or national purchasing of medicines for hospitals.

In addition, there are free of charge medicines schemes offered by pharmaceutical companies that are managed by individual hospitals. In this context, a free of charge medicines scheme is defined as an arrangement where a licensed or exempt medicinal product is provided free of charge by the pharmaceutical company to an individual patient or an identified cohort of patients, often for a finite period of time. The IPHA Code of Practice around supply of free of charge medicines, where unmet clinical need is the rationale provided, requires the pharmaceutical company to offer the medicine only following a request from the patients treating physician. (8) It is evident that the supply of medicines in this matter falls outside of purchase agreements but may impact on future purchase arrangements and decisions in relation to reimbursement of medicines.

Scope

The organisational scope of this strategy is Acute & non-Acute acute and community hospitals.

The scope of this strategy includes:

- Development of a strategy document outlining the requirement for the compliant procurement of medicines by the HSE in Acute & non-Acute hospitals, including both voluntary and statutory hospitals.
- Consideration of the recommended procedure for compliant procurement outlined in the 2017 Report *Legal Framework for Purchasing of Medicines by the HSE and the Identification of Options to Ensure Compliance with Public Procurement Obligations* (9).
- Make recommendations in relation to appropriate infrastructure to support a national procurement model.
- For the purpose of this procurement strategy, all medicines purchased by Acute & non-Acute Hospitals include but not limited to:
 - Ireland East Hospital Group
 - RCSI Hospital Group
 - Dublin Midlands Hospital Group
 - University of Limerick Hospital Group
 - South/South West Hospital Group
 - Saolta Hospital Group
 - Children's Health Ireland
 - Section 38 and 39 Agencies
 - Community Healthcare Organisation (CHO)*

*CHO's included in this strategy in settings whereby an Acute or non-Acute Hospital purchases medications on behalf of the CHO i.e. medicines are 'cross-charged' to the CHO and medicines directly acquired by a CHO facility.



Outside the Scope

- Revision of the current model of pharmacy-led procurement of medicines.
- Drugs under the High Technology Drugs Scheme (HTDS) that are supplied within the community setting or reimbursed under the HTDS are out of scope for this strategy. The purchase of drugs prescribed under the HTDS is under the remit of the Primary Care Reimbursement Service (PCRS). The exception is where a high technology drug is purchased and paid for by the hospital for use during an inpatient hospital stay. These will be included in the PIN/DPS¹ system as hospital pharmacy departments will be required to procure in these situations.

Key Stakeholders and Governance

This strategy document aims to address compliance with EU procurement legislation identified by the National Drugs Management Programme (NDMP) Sponsorship Group and implemented in Acute & non-Acute Hospitals. Further details on the governance structure and the main stakeholders in this strategy is summarised in appendix 2 and 3 respectively.

Strategy Objectives

1. To ensure the continued clinical pharmacy leadership and expert input by hospital pharmacists in the procurement of medicines supported by colleagues in finance, procurement and relevant clinical areas.
2. To progress an appropriate model for the procurement of hospital medicines including;
 - a. Nationally coordinated electronic PIN/DPS system for hospital medicines to enable cost effective purchase of medicines.
 - b. List of drugs at a local, regional or national level from which individual hospitals can run mini-competitions / sub-competitions for the procurement of medicines or engage in a direct negotiation for the procurement of medicines.
 - c. Develop a pro-forma suite of tender documents to support pharmacists achieve legislative compliance.
 - d. To ensure any procurement model considers the legislative requirements as laid out in EU Procurement Directive 2014/24/EU, national requirements as described in the National Financial Regulations and national commercial partnership agreements such as the Irish Framework Agreement (IPHA) on the supply and pricing of medicines (2016).
3. To promote patient safety through introduction of a procurement strategy by;
 - a. Purchasing medication safely through reputable suppliers.
 - b. Ensuring appropriate review of labelling and packaging requirements and suitability of delivery device when applicable and could influence patient safety.

¹ PIN: Prior Indicative Notice

DPS: Dynamic Purchasing System



4. Define a robust mechanism for the HSE to use to obtain competitive prices for medicines while ensuring that Ireland retains a competitive, sustainable marketplace for pharmaceutical companies. Strategies employed to ensure this balance is maintained include:
 - a. Aggregating demand within and across hospital pharmacies where appropriate to enhance the purchasing power of the HSE and formalising these supply arrangements in the form of a contract allowing hospitals to participate in tendering at a local, regional or national level.
 - b. Include contractual obligation for suppliers of medicines to promote continuity of supply and effectively manage the supply chain.
 - c. Horizon scanning to ensure that contracts are not awarded just before a significant change in the market price for example within a few months prior to patent expiry.
 - d. Foresee shortages by obligating minimum notice periods of supply shortages from suppliers.
 - e. To work closely with the Health Protection and Regulatory Authority (HPRA) Drug Shortages Unit to maximise the communication and to work towards pragmatic solutions to medication supply challenges.
 - f. Consideration for homecare services where applicable to support adherence.
5. To positively influence, purchasing and supply of medicines by Acute & non-Acute Hospitals in accordance with legislation by assisting pharmacists operating within Acute & non-Acute Hospitals with the necessary training and infrastructure to procure within the confines of the EU legislation. Appropriate infrastructure includes robust electronic mechanisms of recording of medicine purchase and supply via a standardised national pharmacy software system.
6. To ensure the successful compliance with the procurement legislation through training and communication with relevant stakeholders.

Regulation for public tenders in relation to procurement of medicines in hospitals

The direct purchase of medicines by hospitals is a public contract subject to the EU Procurement Directive (2). The reimbursement of medicines supplied in the community is not subject to the Directive. Therefore, assuming that the cumulative value of the medicines purchased by a hospital (or a group of hospitals acting collaboratively) exceeds the threshold for the application of the Procurement Directive, (currently €221,000 exclusive of VAT), the hospital must fully comply with the Procurement Directive when procuring these medicines.

The National Financial Regulations 01 (NFR01) Purchase to Pay requires that a formal tendering procedure should be used when procuring goods with a value between €25,000 and the threshold for the EU Procurement Directive of €221,000, see table 1. The cumulative value of the medicines purchased for a hospital/hospital group/nationally (depending on agreed strategy) which exceed the



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threshold of €25,000 should be procured either via compliant negotiation² process or via the tendering process. The calculation of the estimated value of a procurement process is based on the total amount payable for the requirement(s) over the contract period³, net of VAT, as estimated by the hospital/hospital group/nationally.

It is recognised that it may not be possible for all medicines to be procured under tender. Reasons for this include:

- No bid received.
- Bid received but the medicine fails on quality.
- Supplier withdraws their bid or does not accept an award.
- Supplier terminates contract because of production or other issues.
- The tender is not awarded as there is no economic advantage e.g. a supplier may offer 2% discount through direct supply in response to a tender but there is a 10% discount available through a wholesaler.
- There is a confidential patient access scheme agreed with the HSE Corporate Pharmaceutical Unit (CPU).
- A derogation applies under the Directive.

² Negotiated process may be used where it has been previously established that only a single possible supplier of the medicines exists.

³ It will be open to each hospital to determine the most appropriate contract period to meet their needs.



Table 1: National Financial Regulation 01 (NFR01) Purchase to Pay Tender Thresholds (9)
Sourcing of Suppliers

(All Values exclude VAT)

Spend Bands	Value of Purchase (estimated)	Method of Sourcing Suppliers	No of Quotes (required)	Form of Quote	Minimum Time for receipt of Quotes/Tenders
Below EU Threshold <i>(details on page 30)</i>					
Low	Up to € 250.	Direct Approach (verbal or written)	Minimum of One Quotation	Verbal/ written	None
Low	€ 250 to € 5,000.	Direct Approach (written recommended)	Minimum 3 quotes required ¹¹	Written.	None
Medium	€ 5,000 to € 25,000.	Direct Approach (written)	Minimum 3 quotes required	Written.	None up to €10,000 and 2 working days thereafter
High <i>(details on page 30)</i>	€ 25,000 to € 200,000 (supplies & Services)	Open or Restricted/ Abridged, with Public Advertisement. Negotiated in exceptional circumstances.	Minimum 5 sealed Tenders to be sought	Formal Full Tendering Procedure	Minimum 10 working days
High	€ 25,000 up to €5,000,000 (Works only)	Open or Restricted/ Abridged, with Public Advertisement – see note below	Minimum 5 sealed Tenders to be sought	Formal Full Tendering Procedure	Minimum 10 working days
Above EU Threshold <i>Detail of EU Tender procedures on page 34.</i>					
IN ALL CASES OF PROCUREMENT (OTHER THAN CAPITAL PROJECTS, PROPERTY TRANSACTIONS OR GRANTS WHERE SPECIFIC PROTOCLS EXIST) WHERE VALUE IS GREATER THAN EU THRESHOLD, IT IS A MANDATORY REQUIREMENT THAT THE PROCUREMENT FUNCTION IS NOTIFIED IN ORDER TO TAKE RESPONSIBILITY FOR MANAGING THE 'TENDERING PROCESS'.					
High	€ 200,000 + (Service/ Supplies)	Public Advertisement In EU Journal	Minimum 5 sealed Tenders to be sought	EU Formal Full Tendering Procedure	As dictated By EU Directives
High	€ 5,000,000 + (Works Contracts)	Public Avertissement In EU Journal	Minimum 5 sealed Tenders to be sought	EU Formal Full Procedure	As dictated by EU Directives

Implementation

Similar to the approach in Northern Ireland the aim is to ensure the procurement of medicines is clinically led by pharmacy staff in the individual hospital pharmacy departments.

To facilitate the implementation of the EU procurement directive when procuring medicines in Acute & non-Acute Hospitals, a nationally co-ordinated electronic PIN/DPS system for hospital medicines will be introduced to support compliance. The role of the Compliant Procurement of Medicines Working Group is to ensure the interests of pharmacists are considered. This is through hospital pharmacist representatives being members of the Compliant Procurement of Medicines Steering Group.



Requirement for advertising in the Official Journal of the European Union (OJEU).

To comply with the EU procurement directive, the purchase of medicines for hospitals must be advertised in the OJEU in accordance with normal EU procurement procedures. It is proposed that a National DPS Support Team will undertake this advertisement at a national level. The responses from the marketplace will indicate whether one of the limited number of exemptions, which facilitate direct negotiation, can be availed of or whether a subsequent competitive process (i.e. mini tender under the DPS) will be required. In either event, a formal contract award notice must be published in the OJEU in order to ensure compliance. The contract information will be collated and published on a quarterly basis by the National DPS Support Team from information provided by each hospital/hospital group.

Prior Indicative Notice (PIN) - Sole Suppliers

EU Procurement legislation permits a contracting authority to negotiate directly with a “sole supplier” to procure a “sole supplier” product outside the DPS using the exemption available for the negotiated procedure under Article 32 of the Directive. “Sole supplier” medicines will be identified from this catalogue of medicines by the Procurement of Medicines Working Group and will be reviewed by the National Pharmaceutical Procurement Evaluation Group. However, it is still necessary to test the market place to identify bona fide “sole suppliers”. “Prior Indicative Notice (PIN)” outlines how the Compliant Procurement of Medicines Working Group will engage with the market place to confirm sole suppliers of medicines, thereby enabling a hospital pharmacy department to conduct compliant negotiations directly with that supplier.

Dynamic Purchasing System (DPS) – Multiple Suppliers

The DPS will act as a framework to establish and maintain a national qualified list of suppliers of medicines for participation in subsequent mini-tenders to be issued by hospitals for medicines for which it has not been established that there is only one possible supplier. The DPS will facilitate the demonstration by suppliers of compliance with regulatory and medicines quality standards as part of their application to the DPS. The DPS allows suppliers to apply and to be added to the DPS at any stage throughout the lifetime of the DPS. The Compliant Procurement of Medicines Working Group aims to produce a catalogue for medicines purchased through Acute & non-Acute Hospitals and to make the catalogue available electronically to hospital pharmacies

Mini tenders under the DPS can be conducted at a local, regional and national level to allow for aggregated demand and to maximise the purchasing power of the HSE. Additional benefits of this approach includes allowing hospitals to engage in compliant procurement processes to select suppliers and prices for the hospital’s medication requirements with the assistance of pro-forma tender documents, SOP’s and standard contract agreements to ensure transparent, compliant purchasing of medicines. Competitions under the DPS will have a shorter timescale to award of contract as the administrative burden under open tender procedures will be reduced for both the suppliers and the hospital.



A challenge to this approach is enabling infrastructure and training requirements identified as part of the procurement strategy objectives alongside the roll out of a national electronic DPS. The Hospital Group CEO or designate (e.g. Hospital Chief Pharmacist) are responsible for implementation of the contracts after award when purchasing medicines for relevant hospitals.

Management of Supply Chain

The HPRA framework on medicinal product shortages was developed to address the issue of medicine shortages in Ireland. The HPRA outlines its role in medicine shortages as co-ordination of a response to medicines shortage across stakeholders to mitigate the impact as much as possible. It has a number of regulatory tools and strategies to assist stakeholders to prevent or minimise the impact of medicine shortages (10).

Possible strategies to mitigate medicine product shortages would be to include in a contract agreement with suppliers an obligation to provide continuity of supply and a requirement to manage shortages by obligating minimum notice periods of supply shortages from suppliers.

Purchasing for Safety

Patient safety underpins this strategy, which

- Seeks continued availability and access to safe medication for patients while
- Optimising the price for the health service and
- Supports procurement through reputable supply chains.

The PIN/DPS system provides a compliant framework for individual hospitals to continue to ensure safe purchasing of high quality medication through reputable suppliers that is clinically led by the hospital pharmacy departments. It also continues to ensure patient safety through labelling and packaging requirements are met. The requirement for hospitals to purchase exempt medicinal products is not expected to decrease. Exempt medicinal products will continue to be procured by the hospital pharmacy departments facilitated through the PIN/DPS system with tender template documents to ensure compliance with legislative requirements.

Enabling Infrastructure

Infrastructure with a robust procurement system to support the successful implementation of the EU procurement legislation and patient safety is necessary; infrastructure includes electronic mechanisms for recording medicines purchase and supply via a standardised National Medicines Management System that interfaces to e-prescribing and finance systems. This will assist with compliant with Finance regulations and support development of finance and usage reporting at a hospital, group and national level.

The requirement for a National Medicinal Product Catalogue (NMPC) has been identified and is being managed under a separate work stream. Availability of an NMPC will provide a consistent approach to the identification and coding of medicines, which will support medicines management, prescribing and procurement.



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Training and Communication

Training and communication are crucial to ensure the successful implementation of the recommended approach for the procurement of medicines. Supporting materials (e.g. a suite of tender document and contractual agreement templates) will be provided by the Compliant Procurement of Medicines Working Group to underpin procurement by hospital pharmacists compliant with the Medicinal Products supply legislation, National Financial Regulations and EU procurement rules.

A robust communications plan is required to guide engagement with all stakeholders for the duration of this project. Stakeholders include but are not limited to; HSE Corporate, Hospital Groups, CHO's, Pharmacists working in Acute & non-Acute Hospitals, Hospital Pharmacist Association of Ireland (HPAI), wholesalers, IPHA, Medicines for Ireland and relevant patient representative organisations (e.g. IPA, IPPOSI).

Conclusion

It is the responsibility of the Compliant Procurement of Medicines Working Group to develop and implement robust mechanisms to assist the HSE to obtain competitive prices for medicines whilst ensuring that Ireland retains a competitive, sustainable market place for the suppliers of medicines. The new procurement process (DPS/compliant negotiation procedure) coupled with greater aggregation of demand for drugs will maximise purchasing power of hospitals increasing the likelihood of enhanced supplier discounts. In addition, the supply arrangements will be formalised in the form of a signed contract agreement with the supplier. The strategic approach of the new procurement processes is to ensure the procurement of medicines continues to be clinical led by pharmacist staff and to provide and deliver commercially effective legislatively compliant processes by Acute & non-Acute Hospitals.



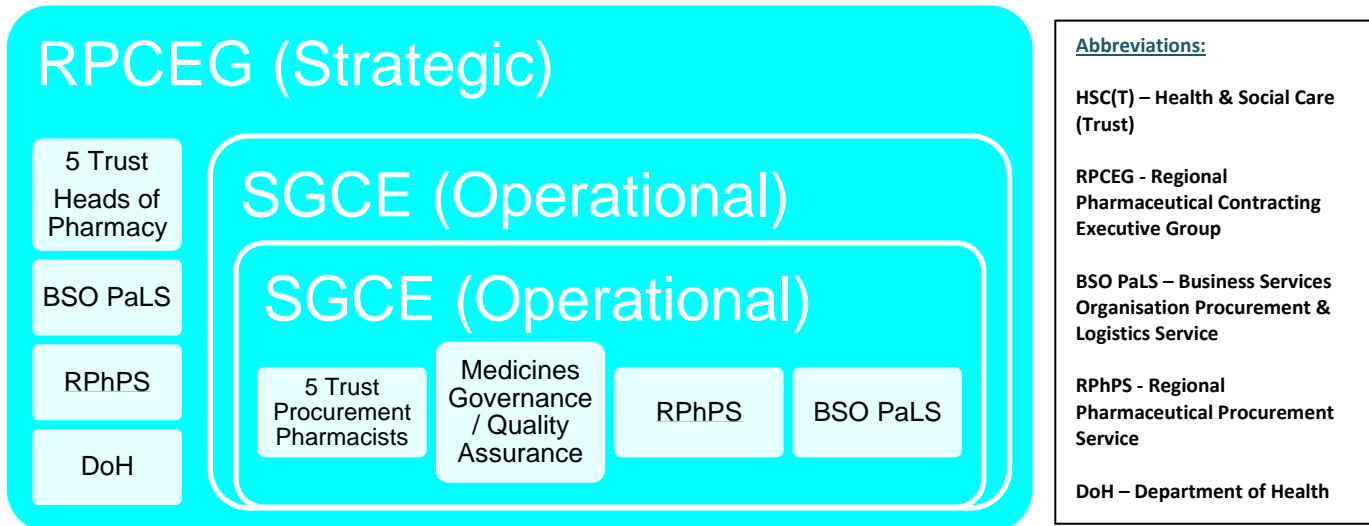
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Appendix 1: Health and Social Care Northern Ireland Model* [Source Workshop 24/1/19]

An overview of the model for procurement within the Health and Social Care Northern Ireland. The focus is on three main procurement work areas includes, generic and branded medicines, medical devices (limited areas: surgical dressings, wound management products) and therapeutic tendering (STEPSelect).



Regional Pharmaceutical Contracting Executive Group (RPCEG)

The group provides strategic leadership under the chairmanship of Professor Michael Scott (Director of the Medicines Optimisation Innovation Centre, Antrim Area Hospital). The portfolio of work is agreed with the Regional Pharmaceutical Contracting Executive Group (RPCEG) which comprises of Trust* Heads of Pharmacy and Medicines Management, and senior representation from the Department of Health and BSOPaLS who meet on a quarterly basis.

Standing Group Contract Evaluation (SGCE)

The group provides an operation role and is chaired by the regional procurement alongside trust procurement pharmacists, regional medicines governance and quality assurance pharmacists, BSOPaLS and regional pharmaceutical procurement service (RPhPS).

Reported Benefits from the introduction of a Medicinal Products DPS;

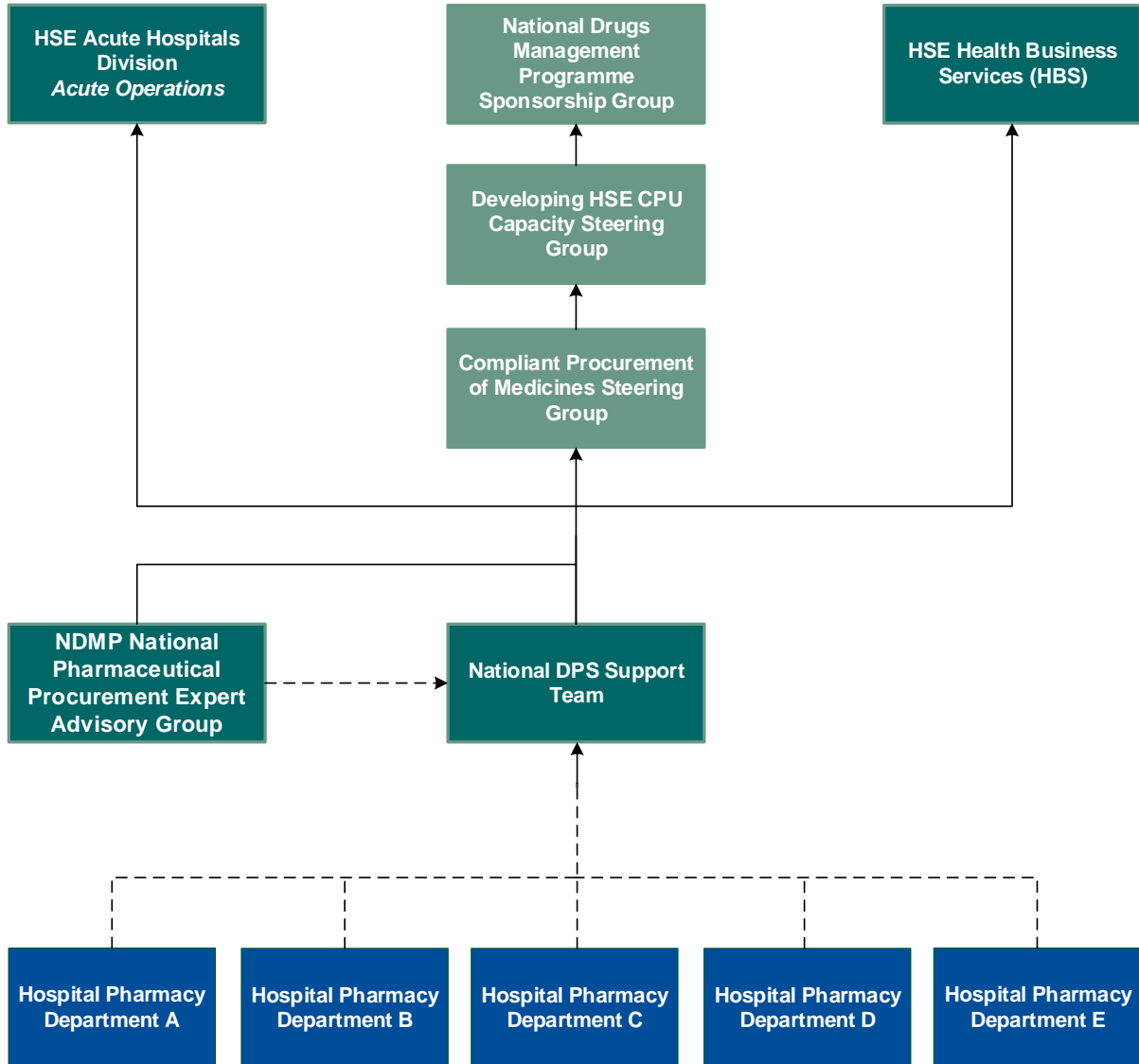
- Reduced effort for buyers and suppliers
- New suppliers are not “locked out”
- It can be valid indefinitely* (unlike a framework)
- Competition period can be short (regardless of contract value)

A standstill period is not mandatory

*NI includes 5 ‘hospital’ trusts (Belfast HSCT, Northern HSCT, South Eastern HSCT, Southern HSCT and Western HSCT. (The NI Ambulance Service is also a Health and Social Care Trust.)



Appendix 2: Governance Structure



NDMP National Pharmaceutical Procurement Expert Advisory Group | Supported by the National DPS Support Team to provide expert input to agree additions to the DPS using the evaluation criteria, and to establish, pilot and launch a Sole Supplier Procurement Process and a National Dynamic Purchasing System for medicines.

National DPS Team | Procurement support team whereby individual hospital pharmacy departments access template tender documents / pro-forma.

Hospital Pharmacy Department A to E | Representing individual hospital pharmacy departments nationally.



Appendix 3: Key Stakeholders

Health Service Executive (HSE)

Hospitals included in this strategy framework include all Acute & non-Acute Hospitals include but not limited to:

- Ireland East Hospital Group
- RCSI Hospital Group
- Dublin Midlands Hospital Group
- University of Limerick Hospital Group
- South/South West Hospital Group
- Saolta Hospital Group
- Children's Health Ireland
- Section 38 and 39 Agencies
- Community Healthcare Organisation (CHO)*

The stakeholders within the hospitals include hospital Chief pharmacists, Chief Executive Officers and Hospital Managers, Chief Finance Officers, and Procurement Officers.

Corporate Pharmaceutical Unit (CPU)

All new medicines are introduced to the public health service through the national pricing and reimbursement application process. On behalf of the HSE, the HSE Corporate Pharmaceutical Unit (CPU) leads the assessment process for all new medicines and national price negotiations. National agreements are reached on the final negotiated ex-factory price for medicines supplied to the public health service.

HSE National Drugs Management Programme (NDMP)

In 2016, the HSE NDMP was established with the view to ensuring equitable access to medicines for patients, along with, achieving value for the taxpayer through cost-effective and compliant purchase of medicines by the HSE. The NDMP Sponsorship Group provides oversight of the HSE_funded Hospitals Drugs Management Programme (AHDMP).

Primary Care Reimbursement Scheme (PCRS)

The HSE PCRS provides a range of information and transaction services online to allow reimbursement of medications and medical devices under different schemes. Medicines reimbursed through the PCRS include the High Tech Drugs delivered in the community setting, National Hepatitis C Treatment Programme and Oncology Drug Management System for systemic anti-cancer treatment (SACT) in a hospital setting.

National Cancer Control Programme (NCCP)

The NCCP was established in 2007 to ensure that all elements of national cancer policy are delivered to the maximum possible extent. The NCCP was set up to reorganise the way cancer care is delivered so that our cancer survival rates would compare more favourably with the best in Europe and the rest of the world. They produce guidance on the management of systemic anti-cancer treatment (SACT)



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and provide reimbursement of anti-cancer medicines via a central reimbursement scheme (ODMS) which is administered by the PCRS. In addition, the NCCP provide some direct payments for medicines to the hospitals which is administered by the NCCP.

Health Business Services (HBS) Procurement

Health Business Services (HBS) is the business division of the Health Service Executive (HSE) and provides high quality business services and solutions across the Irish public health sector. They aim to facilitate the introduction of a nationally coordinated (electronic) Prior Indicative Notice (PIN)/Dynamic Purchasing System (DPS) for hospital medicines to support Acute & non-Acute Hospitals with local, regional or national tenders and to tender for medicines through the DPS.

Compliant Procurement of Medicines Steering Group

This consists of pharmacist representatives from Acute & non-Acute Hospitals, AHDMP, PCRS and NCCP as well as members of the HBS procurement team to support the development, management and implementation of the DPS. The aim is to facilitate the implementation of procurement strategy objectives within Acute & non-Acute Hospitals.

Wholesalers and Suppliers

Hospitals use a large number of wholesalers and suppliers to purchase medicines for their individual hospitals including compounding manufactures who supply reconstituted medication and exempt medicinal product wholesalers.

Regulatory Bodies

Regulatory bodies including Health Products Regulatory Authority (HPRA) aim to protect and enhance public health by regulating medicines, medical devices and other health products. HPRA recently implemented a medicinal product shortages framework to minimise the vulnerability of supply in the market due to drug shortages (10).

The Health information and Quality Authority (HIQA) also provide medication oversight and advice with their 'Guide to the HIQA's Medication Safety Monitoring Programme' in Acute & non-Acute Hospitals and regular inspections. (11)

Department of Health

The Department of Health's main role is to support the Minister and Ministers of State in the development and implementation of policy for the health services delivered by the HSE.

Medicines Management Programme (MMP)

The HSE multi-disciplinary Medicines Management Programme works with the National Medicines Information Centre and the National Centre for Pharmacoeconomics in collaboration with the HSE-PCRS to provide sustained national leadership relating to issues such as the quality of medicines management process, access to medicines and overall expenditure on medicines.