

1 INTRODUCTION

1.1 BACKGROUND

Indigenous Services Canada (ISC), First Nations and Inuit Health Branch (FNIHB), are reviewing the procurement process for pharmacy service, Manitoba Region. Canada is seeking an economical and cost effective solution for this service.

Stakeholder consultations are underway prior to renewal of the service in 2020 to verify the validity of the current procurement approach, explore new service delivery approaches, identify issues and concerns, and help optimize and standardize the process. Engaging stakeholders will assist Canada (Canada referring to ISC, FNIHB) to develop a strategy to meet ongoing service needs.

1.2 OBJECTIVES OF THE REQUEST FOR INFORMATION

The purpose of this Request for Information (RFI) is to engage stakeholders to:

- explore service options;
- exchange on respective needs and/or concerns with regards to the government of Canada's procurement of pharmacy services in the Manitoba Region; and
- identify if opportunities exist to change the delivery of pharmacy services in the Manitoba Region to achieve better service and value.

1.3 NATURE OF THE REQUEST FOR INFORMATION

This RFI is not a bid solicitation and will not result in the award of any contract nor will this RFI result in the creation of a list of suppliers. Therefore, potential suppliers of any goods and services described in this RFI should not earmark goods or facilities, nor allocate resources, as a result of any information contained in this RFI. Whether or not a potential supplier responds to this RFI, it will not preclude that supplier from participating in any future procurement process. Also, this RFI will not necessarily result in the procurement of any of the services that it describes. It is simply intended to solicit feedback with respect to its content.

Nothing in this RFI shall be construed as a commitment from Canada. Canada may use any non-proprietary information obtained as part of this review in the preparation of future requirements.

2 INSTRUCTIONS FOR RESPONDING TO THE REQUEST FOR INFORMATION

2.1 CONTENT OF THE REQUEST FOR INFORMATION

This RFI includes the following documents:

- a) A description of service and service delivery options (Annex A),
- b) Industry question/response form (Annex B).

2.2 RESPONDING TO THE REQUEST FOR INFORMATION

a) Questionnaire

Respondents are asked to complete the questionnaire and submit their responses by email to Sandra.Chrapun@Canada.ca.

b) Additional information or comments

In addition, respondents are encouraged to provide their comments, concerns or recommendations by submitting an email to Sandra.Chrapun@Canada.ca. Respondents should explain any assumptions they make in their submissions.

When sending additional information or comments, respondents are asked to include the title “RFI Response – pharmacy services” in the subject line of their email.

c) Deadline for submitting a response

All those who are interested in submitting a response to this RFI are asked to submit their feedback by the closing date found on the cover page of this Request for Information.

2.3 TREATMENT OF RESPONSES

a) Use of responses

Canada intends to use the responses to draft a procurement strategy for the renewal of pharmacy services in the Manitoba Region. Canada will review all responses received by the RFI closing date. However, Canada may, at its discretion, review responses received after the RFI closing date.

b) Review team

A review team consisting of public servants representing FNIHB will review the responses received. Canada reserves the right to hire independent consultants or use any Government resources that it deems necessary to review any response. Not all members of the review team will necessarily review all responses.

c) Confidentiality

Respondents should clearly mark any portions of their response that they consider proprietary or confidential. Canada will handle these portions of the response in accordance with the *Access to Information Act*.

d) Follow-up activity

At its discretion, Canada may:

- Contact any respondents to follow up with additional questions or for clarification of any aspect of a response.
- Convene with any or all respondents in order to discuss any aspect of a response.

Should Canada request any or all respondents to meet to discuss their response, it shall be optional and participation would be at the respondent's expense.

2.4 ENQUIRIES

Since this is not a bid solicitation, Canada will not necessarily respond in writing to enquiries. However, respondents with questions regarding this RFI may send an email to Sandra.Chrapun@Canada.ca.

2.5 RESPONSE COSTS

Canada will not reimburse respondents for expenses incurred in responding to this RFI.

2.6 OFFICIAL LANGUAGES

Responses to this RFI may be submitted in either of Canada’s official languages.

3. OVERVIEW OF POTENTIAL SOLICITATION STRATEGY

3.1 NEXT STEPS

Once all feedback has been considered, Canada may apply the comments and feedback to the Procurement Strategy for pharmacy services for the Manitoba Region.

4. CANADA’S PROCUREMENT AUTHORITY

Sandra Chrapun
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Annex A – For Information: Description of Service and Service Delivery Options

Description of Service:

Indigenous Services Canada's First Nations and Inuit Health Branch (FNIHB), Manitoba Region identified a need to provide pharmaceutical support and distribution of pharmaceutical goods and services to the FNIHB team, medical professionals and clients, remote Nursing Stations in First Nations communities within Manitoba while balancing costs and delivery times. The objective of these needs is to:

- a) Provide pharmaceutical expertise, support services and education to health professionals. (i.e. IV admixture advice, drug interactions, medication profile reviews, etc.)
- b) Become the provider of Nursing Station stock that includes but is not limited to, compounding, and narcotics and controlled substances to be shipped to (if required) the Nursing Stations.
- c) Store and provide drugs for the TB Program as and when required.
- d) Provide NIHB Distribution of Client Specific Drugs and Products directly to the client when feasible.
- e) Provide support and supplies in a pandemic situation (if required).
- f) Provide educational resources for the community (workshops, telehealth, health newsletters, etc.).

The Contractor will be a provider of Non-Insured Health Benefits (NIHB) client-specific medication shipped directly to clients and only using the nursing stations as a depot in rare and specific circumstances.

Past Procurement Methodology:

Prior to a contract being issued for pharmacy support services any provider could fill and ship prescriptions to the nursing stations and some providers sent auto refills causing medication rooms to overflow with prescriptions. No supports were offered by these providers and Nurses became the Pharmacists and Pharmacy Technicians in the communities.

Implementation of a contract allowed for greater controls in the amount of excess medication within the med room, one number for nurses and doctors to call to discuss medication profiles, and full Pharmacist support for nurses and doctors to rely upon. As the contract evolved over the years the contract pharmacy was required to hire community aid workers from the community to help manage the medication rooms, taking an unnecessary task off of the nurses' shoulders. It also evolved to include pharmacy education (i.e. diabetes education, etc.) supplied by the contractor, provision of stock controlled substances, compounding of long term shortage medications, and supply of TB medications.

For information, the previous RFP can be viewed here:

<https://buyandsell.gc.ca/procurement-data/tender-notice/PW-17-00777144>

Service Delivery Options:

Option A – No contract; any pharmacy provider can send prescriptions to the Nursing Station.

Notes related to this model:

- Nurses spend less time on nursing tasks due to work involved in med room and tracking down prescriptions.
- No support services.
- No value added service or stock medication prep (i.e. TB meds, Controlled Substances, etc.)

Option B – Continue with current contract model; restriction of pharmacy provider who can send prescriptions to the Nursing Station.

Notes related to this model:

- Nurses spend less time on nursing tasks due to work involved in med room.

Option C – No contract; only “fragile” prescriptions allowed to be shipped by the contractor to the Nursing Station (i.e. fridge items with strict temperatures ranges)

Notes related to this model:

- No support services.
- No value added service or stock medication prep (i.e. TB meds, Controlled Substances, etc.)
- Clients with prescriptions that require special monitoring are no longer managed in the Nursing Station.
- Clients have a stronger relationship with their pharmacist.

Option D – Contract for support services, value added service and stock medication prep (i.e. TB meds, Controlled Substances, etc.); only “fragile” prescriptions allowed to be shipped by the contractor to the Nursing Station (i.e. fridge items with strict temperatures ranges)

Notes related to this model:

- Clients with prescriptions that require special monitoring are no longer managed in the Nursing Station.
- Clients have a stronger relationship with their pharmacist.

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Option E – Contracts to multiple providers based on geographical and/or tribal council areas.

Notes related to this model:

- Multiple models create challenges in providing training to health professionals.
- Creates challenges for health professionals who work in multiple sites with differing contractors.
- Requires more resources to administer and monitor multiple contracts.
- Creates challenges for visiting clients where the pharmacy model differs from their home community.

Option F - Other models which would balance sustainability of service and client need.

Annex B – Industry Questions

Stakeholders are encouraged to submit answers in response to the questions below.

Keeping in mind a competitive procurement approach and the description of services and options, please respond to the following questions.

- 1. Do you have an alternate service delivery model (option F) to recommend? Please detail.

- 2. Is service delivery feasible and sustainable under each model? If not, why?

Option A: Yes/No Option B: Yes/No Option C: Yes/No Option D: Yes/No Option E: Yes/No

- 3. Would there be a cost premium to delivery of service under option A, B, C, or D? If yes provide detail.

Option A: Yes/No Option B: Yes/No Option C: Yes/No Option D: Yes/No Option E: Yes/No

- 4. What improvements could be made to each service delivery model?

Option A:

Option B:

Option C:

Option D:

Option E:

5. How much time would you need to start-up to provide these services?

Option A:	Option B:	Option C:	Option D:	Option E:
<3 months	<3 months	<3 months	<3 months	<3 months
3-6 months	3-6 months	3-6 months	3-6 months	3-6 months
6-12 months	6-12 months	6-12 months	6-12 months	6-12 months
>12 months	>12 months	>12 months	>12 months	>12 months

6. What do you see pharmacy meaning in the communities?

7. What are the strengths and weaknesses of the old pharmacy model?

8. What could a new model improve on?

9. How do you see FNIHB’s role in the communities?

10. How do you see the contract pharmacist’s role in the communities?

11. What does a pharmacy strategy look like in the North?

Any additional comments are welcomed.
