

Draft Pharmacy Action Plan

2015–2020

For consultation

Thank you

The Ministry of Health would like to thank the Pharmacy Steering Group for contributing to the development of this plan.

The Ministry of Health welcomes comments on this draft document by 23 November 2015 preferably by email to pharmacyactionplan@moh.govt.nz

Please see the last page of this document for further details.

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Foreword

The Ministry of Health is seeking feedback on this draft action plan. The plan defines possible ways to better integrate pharmacy services within the health and disability system to support people to stay well throughout their lives. The draft plan offers an opportunity to define a direction for pharmacy services over the next three to five years and set priorities for actions that can be implemented at national, regional and local levels.

The challenges to our health system have been well articulated; how to deal with an aging population, a growing complexity of health needs and financial constraints. It is imperative to develop new models of care that can optimise patient health while working within these limitations.

The draft action plan identifies five focus areas, supported by four enablers, where we consider we can make the greatest impact. It will provide the foundation for developing pharmacy services within an integrated health and disability system.

We welcome comments on this draft from all stakeholders across primary and secondary health care, professional organisations, health system leaders, providers, clinicians, non-governmental organisations (NGOs), private-sector partners and consumers.

Consultation will be carried out over a six-week period. A set of consultation questions can be found at this end of this document. It would assist us if you referred to these questions when preparing your submission.

The Minister will provide a foreword for the final version that will include reference to:

- the need for a pharmacy action plan and where the plan fits within the wider strategic context
- the importance of pharmacy services within the health and disability system – enabling pharmacy to actively contribute to resolving issues within the health and disability system rather than working in isolation
- pharmacy’s capacity to contribute to improved health outcomes through better utilisation of a young, well-qualified and readily accessible workforce whose skills are currently underutilised
- the opportunities presented by the rapid development and impact of technology.

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Introduction

Purpose

This action plan describes the future direction of pharmacy services and the settings in which they will be delivered as part of the New Zealand health and disability system. The plan outlines a set of focus areas and specific actions to be implemented over the next three to five years. It signals how pharmacists, other health practitioners, funders, key organisations and the Ministry of Health (the Ministry) will work together to support change, innovation and new integrated models of care that will improve health outcomes for all New Zealanders.

Vision

What will the future look like?

In the future, pharmacy services will be delivered as part of a highly functioning, person-centred, fully integrated health and disability system. The pharmacy sector, in collaboration with other members of the health team and social-sector partners, will deliver a broad range of high-quality, accessible and cost-effective health-care services that will support all New Zealanders to live longer, healthier, more independent lives. The expertise of the pharmacy workforce will be used to its full capability. Clinical services, practice settings and models of care will be responsive to changing health needs.

Why develop a pharmacy action plan?

This vision is about making the most of the pharmacist's role to improve health care: both their expertise in medicines management, the broad infrastructure offered through the community pharmacy and the expertise available in the wider pharmacy sector. However, this can only be achieved through an integrated operating model that involves all players in the health system working together to improve health outcomes for all New Zealanders. In particular, the plan proposes that the complimentary skills of pharmacists, nurses, general practitioners and other doctors be utilised to much greater benefit to the patient, and the health system, than is currently the case.

Work is already under way to strengthen collaboration, but more needs to be done (Pharmaceutical Society of New Zealand and New Zealand Medical Association 2015). While an improved inter-professional approach can provide enhanced person-centred care, there also needs to be system and organisational change to enable this.

Pharmacy within the health and disability system

The pharmacy workforce is young and highly qualified, yet the clinical skills of pharmacists remain underutilised in the wider health setting. This is despite good evidence supporting better use of pharmacists' skills to improve patient experience, health outcomes and medicine safety.

New Zealand has more than 3400 practising pharmacists. Around 75 percent of these work in community pharmacy, dispensing over 50 million prescriptions each year and providing advice on medicines and the management of minor ailments, from a network of distributed and highly accessible health-care hubs. Hospital pharmacists comprise 13 percent of the pharmacy

workforce and play an integral role in the interdisciplinary team, providing clinical pharmacy services across a broad range of specialities. Around 2 percent of pharmacists currently work in primary health care teams, providing advanced-level medicines management services in a variety of practice settings, including general practices and primary health organisations (PHOs), working collaboratively with other members of the health care team.

The international context

Health systems around the world face similar challenges to those witnessed in New Zealand. Internationally, there is recognition of the cost-effectiveness of primary health care. Pharmacists have been identified as having an increasingly important role in the primary health care team, and policy directions support the use of pharmacists to deliver public health interventions, in particular helping to encourage healthier lifestyles.

Funded 'minor ailment' schemes have proven successful in supporting acute demand strategies in Australia and the United Kingdom (The Scottish Government 2013).

A number of countries have implemented initiatives to encourage greater collaboration between general practice, health care teams and pharmacists in caring for patients (Hatah et al 2013). There is an interdisciplinary focus, with patients at the centre, and information is shared among the health care team.

In Scotland, the community pharmacy infrastructure is recognised and supported through the provision of pharmacist prescriber clinics in community pharmacy settings. Alongside minor ailment and chronic medication schemes, the community pharmacy in Scotland provides an additional 1254 community-based health care hubs that patients can readily access (The Scottish Government 2013).

The United Kingdom recently announced £15 million to fund, recruit and employ clinical pharmacists in general practitioner (GP) surgeries. The initiative will run for three years, with clinical pharmacists taking up work in general practices in winter 2015/16. Pharmacists will be employed directly by the general practice. The scheme will focus on areas of highest need, where GPs are under greatest pressure, and aims to build on the success of general practices that already employ pharmacists in patient-facing roles (Snow-Miller 2015; NHS England 2015).

Examples of the patient benefits anticipated include extra help to manage long-term conditions, specific advice for those with multiple medications and better access to health checks.

In Australia, pharmacists conduct medication reviews known as Home Medication Reviews. Although pharmacists are not permitted to prescribe, other health professionals such as nurse practitioners, podiatrists and optometrists are authorised to prescribe within their scopes of practice.

In contrast to Australia, pharmacists in England were granted supplementary prescribing rights in 2003 and 2006, independent prescribing rights as part of a medical team.

Pharmacist prescriber roles are also utilised in America and Canada. In these countries, pharmacists are also authorised to conduct medicines management reviews (Hatah et al 2013).

Increasingly, medications dispensing utilises robotic technology and technician workforces to free up pharmacists to deliver more clinical services. Online requests and home deliveries are further changing the role of the community pharmacy (Smith et al 2014).

These international examples provide working models of best practice that have been used to inform our strategic direction and many of the actions suggested in this draft plan. See Appendix 1 for more details on pharmacy involvement in the international context.

Establishment of the Pharmacy Steering Group

The Ministry established the Pharmacy Steering Group in November 2014. The members of the steering group have a wide range of primary care, secondary care, medical, nursing, pharmacy and governance expertise and experience (see Appendix 2 for details on each member).

The group's terms of reference are to provide independent advice to the Ministry to support better use of pharmacist skills, integration of pharmacy services with other health care services and to inform the Ministry's development of programmes involving pharmacy services.

The development of this plan was strongly led by discussions with the Pharmacy Steering Group over a six-month period.

Challenges facing our health system

Our health system is facing a number of challenges. These challenges are strong drivers in directing us to change what we do and how we do it.

Our ageing population

The growing burden of conditions such as diabetes and an increasing incidence of risk factors such as obesity, coupled with an ageing population, means that some New Zealanders have poorer health outcomes or access to adequate health care than the general population.

Our health workforce

We have an ageing and unevenly distributed workforce that does not currently match the anticipated future demand for health and disability services and is not always reflective of the communities that it is located within.

Access and equity

The integration of patient care to ensure the optimal use of medicines will require a partnership approach with patients as well as with formal and informal caregivers.

An overarching principle is that this pharmacy action plan must contribute to improved access and equity for Māori, Pacific and other priority populations, with the key goal of providing equitable health outcomes and improving people's experience of services – whether they are well or receiving care in the community or in hospital.

Two key Ministry strategy documents, *He Korowai Oranga* and *'Ala Mo'ui* (Ministry of Health 2014b and a respectively), outline actions to improve health and wellbeing for Māori and Pacific communities respectively. For the pharmacy profession, this includes:

- forming partnerships with Māori and Pacific families and communities to develop appropriate health and disability initiatives that impact positively on Māori and Pacific health
- working to ensure that the pharmacy workforce is culturally competent and working to reduce inequities
- increasing the numbers of the Māori and Pacific in the pharmacy workforce to reflect the proportion of Māori and Pacific peoples in the New Zealand population
- involving Māori and Pacific peoples at all levels of the health and disability sector in planning, developing and delivering culturally appropriate services.

Health literacy

Health literacy has been defined as ‘the capacity to find, interpret and use information and health services to make effective decisions for health and wellbeing’ (Ministry of Health 2010). Pharmacists can contribute to improved health literacy by making the most of people’s existing knowledge and adjusting the delivery of information and advice about medicines, health and wellbeing in response to people’s needs. This will contribute to equitable health outcomes through medicines being used correctly – the right drug, right dose, right time, right frequency, right technique.

Information and technology

Rapid changes in technology will impact significantly on pharmacy practices and in particular provide new opportunities to transform the current dispensing model. An increasingly ‘technology-savvy’ public will have different expectations of how and where health care, including the supply of medicines, should be delivered.

The Pharmacy Steering Group has identified technological advancements as one of the most significant factors driving change in the health care system and the actions suggested in this plan.

A growing fiscal sustainability challenge

Health continues to consume an increasing proportion of total government expenditure in a constrained funding environment.

A strategic response

The New Zealand Health Strategy

In 2015, the Minister of Health, the Hon Dr Jonathan Coleman, asked the Ministry to refresh the New Zealand Health Strategy (the Health Strategy). This *Draft Pharmacy Action Plan* has been developed with a strong commitment to align with the update to the Health Strategy.

The current draft Health Strategy has a vision of a health and disability system that is people-centred and connected to communities and other government services and that supports New Zealanders to 'live well, stay well, get well'. This vision will require change across the health system.

The changes will almost certainly include:

- more emphasis on prevention and early intervention
- closer work with the wider social sector to address complex challenges, such as child health and housing
- more effective approaches for achieving equity of health outcomes
- better use of technology and information
- simplifying the system to better enable DHBs to provide care closer to home and operate their health services in a wider community and social context.

The final versions of the Health Strategy and the Pharmacy Action Plan will be fully aligned post consultation.

Implementing Medicines New Zealand 2015 to 2020

In June, the Ministry released a new action plan, *Implementing Medicines New Zealand 2015 to 2020*, which identifies seven impact areas to achieve the three core outcomes set out in the government's Medicines Strategy. These outcomes are:

- access to the medicines New Zealanders need, regardless of their individual ability to pay and within government funding provided
- quality medicines that are safe and effective, and
- optimal use of medicines, resulting in optimal health outcomes (Ministry of Health 2015a).

Better Public Services

The Government has set out its priorities through the Better Public Services target areas. Pharmacy has a role to play in achieving these priorities. There is the potential to provide pharmacy services in a broader range of settings to a wider range of populations, to ensure people manage their medicines appropriately.

Medicines use optimisation and improved medicines adherence will help people stay well and may enable them to remain in employment and reduce the dependence on welfare assistance.

Pharmacists contributing to the management and treatment of conditions such as rheumatic fever will drive better health outcomes for children in high-risk populations through such initiatives as rapid response clinics and providing medicines advice and support to parents and caregivers.

New ways of working

Our health system must deliver person-centred, team-based care that is safe, effective, consumer-centred, culturally appropriate and reflective of community needs. The system must meet the health needs of all New Zealanders within the resources available. In order to achieve this, new ways of working will be required and new pharmacy service models will be needed.

Funders will need to work closely with primary, secondary and community health care service providers to develop new, flexible ways of purchasing and contracting to enable these new person-centred, collaborative models of care to be implemented.

This action plan includes a number of innovative case studies that are good examples of how collaboration is working well for different health care services.

The following case studies will be presented in the relevant sections of the final document to illustrate innovation in pharmacy practice.

Hawke's Bay clinical pharmacist facilitators working in general practice

The Clinical Pharmacist Facilitation Team from the Hawke's Bay District Health Board region provides a collaborative service that addresses polypharmacy requirements. Clinical pharmacists work with primary health care teams in general practice and local community pharmacy services.

This integrative approach has resulted in better health outcomes and a reduction in drug use. It has also been associated with a decline in medicine-related emergency department admissions (Harrison et al 2013).

The service has provided clear evidence for patients, prescribers, the wider general practice team and pharmacists that working as part of a collaborative interdisciplinary team is not only highly effective but also a highly rewarding way to work (Hawke's Bay DHB 2014).

Canterbury Clinical Network Pharmacy Services Level Alliance

The Canterbury Clinical Network (CCN) Pharmacy Services Level Alliance has overseen a number of innovative community pharmacy programmes in the Canterbury region over the past five years.

The Medication Management Service (MMS) has delivered medicines use reviews to over 5000 people in the three years since 2013, using both accredited community pharmacists and a mobile pharmacist workforce. The programme has now been extended to provide medicines therapy assessments. Effective communication between patients, pharmacists and prescribers has contributed to the success of both initiatives.

Since 2014, community pharmacy demonstration sites in Canterbury have been trialling alternative ways of working with general practices. The sites operate under a variation to the national Community Pharmacy Services Agreement. Following a review of pharmacy processes involving the application of LEAN principles, a significant number of sites reported an average of four hours of pharmacist time per day being freed up to be redirected into patient-focused activity.

CCN has also facilitated pharmacist involvement in programmes designed to reduce acute presentations for patients with chronic obstructive pulmonary disease (COPD) or heart failure. In addition, Canterbury pharmacists have been contracted to provide brief smoking cessation interventions and referral to a full Quit service.

CCN has recently opened up pharmacist referral into both Green Prescription and Appetite for Life programmes. These programmes are new to the region and have yet to be evaluated.

Mobile clinical pharmacy services

This model provides a mobile clinical pharmacy service across the Bay of Plenty. The service was developed in response to increasing concerns about medication errors, medication-related harm (especially during care transitions) and the increased morbidity and health care costs associated with the sub-optimal use of medicines.

To ensure equity of access, the service, which is funded by Bay of Plenty District Health Board, was made available across the region. A key feature of the service is that clinical pharmacists visit patients in their own home, once the patient has been referred by a general practitioner, nurse or pharmacist.

Community pharmacy examples

Pilot to identify at-risk asthma patients

A MidCentral District Health Board pilot has involved community pharmacists working with general practice teams to identify at-risk asthma patients, providing asthma education, assessment, medicine optimisation and management plans. The results showed improved medicines adherence, health outcomes and health literacy.

As a result, the pilot has been extended into an ongoing service and has been rolled out to more pharmacies. It is an excellent example of better utilisation of pharmacists' skills as part of an interdisciplinary model resulting in better care for patients.

Hospital pharmacy examples

Pharmacists in surgical pre-admission review clinics (Middlemore Hospital example)

In this service, a pharmacist conducts a medication history for a patient undergoing elective general surgery when they are seen in the surgical pre-admission clinic. The pharmacist takes a thorough medications history from the patient and other sources, then documents it on a medications chart and completes a medications history form. The pharmacist also discusses what the patient needs to do with their medications in preparation for surgery, for example, withholding, continuing, etc, and what to expect to have to do with their medications after the surgery.

This review is undertaken in collaboration with other health professionals working in the pre-admission clinic setting. The aim is to reduce medication errors and improve pharmacy care of patients during the perioperative stage of their health care. The service has been shown to result in reduced medication errors and is more efficient than previous processes that did not include a pharmacist's contribution in the pre-admission clinic setting.

Patient discharge services (Middlemore Hospital example)

This is a well-developed process where pharmacists are involved in discharging patients who are at high risk of harm from medicines. The pharmacist is involved in discharge reconciliation, patient counselling and communicating changes to medicines regimes that may have been made during the hospital stay.

The discharge summary clearly outlines the medicines on admission, the changes made during the stay and the medicines on discharge. Patients are provided with a medication card where appropriate.

The process has resulted in reduced medication errors, better informed patients and primary care providers and reduced re-admissions associated with medication errors.

SMART – Safer Medical Admissions Review Team (Middlemore Hospital)

This is a unique service and a first for New Zealand. This service has a pharmacist as a collaborative partner in assessing a patient and developing their treatment plan during the early phase of the patient admission process for a patient who is referred to the general medicine team.

Delivered at the front end of the hospital, a pharmacist takes the full medication history from the patient, checking it with other sources and documenting the medications in a specially designed medication history form. The doctor and pharmacist discuss the medicines and the management plan for the patient, providing an opportunity for the pharmacist to contribute to therapy optimisation for the patient. Pharmacists are also often involved in charting any admission medicines.

The service has resulted in more timely medicines reconciliation and has reduced the time taken for admitting patients by 30 percent. Benefits include reduced errors associated with medicine discrepancies, improved quality in medicine charting and earlier therapy optimisation.

The service is provided till 10 pm each weeknight to maximise the number of patients benefitting from a pharmacist's intervention early during their patient journey.

Clinical pharmacist services in aged residential care

Since 1999 an independent clinical pharmacist has been contracted to operate as part of the interdisciplinary team providing clinical medicine review services to high-needs residents in a psychogeriatric facility. The role involves providing advice on medicines optimisation in elderly mental health and dementia patients and centres on shifting the focus of care from prevention to maximising quality of life. A key feature of the service is the interdisciplinary team discussing the case with the individual and family or whānau.

Community pharmacy examples

Community pharmacy-based gout management

Community pharmacies are working with DHBs, PHOs, general practice teams and the educators from Arthritis New Zealand to create long-term gout management plans with the goal of improving medicines adherence, achieving target uric acid levels, moving patients to maintenance therapy where appropriate and helping high-needs patients better understand their gout.

There is high degree of patient satisfaction, with the service resulting in improved patient health outcomes and gout literacy.

Focus areas

To continue to drive quality change in our health system and meet the growing health needs of our population, we need to utilise our available resources wisely. The pharmacy workforce has the capacity and capability to help meet this need. This action plan has been developed to articulate where and how quality change might be achieved best.

Five focus areas have been identified that demonstrate how pharmacy services can contribute to implementing and delivering new models of care. These focus areas are:

1. Population and personal health
2. Pharmacist clinical services
3. Acute demand management
4. Dispensing and supply services
5. Prescribing pharmacists.

In addition, four key enablers are necessary to support this change:

1. Leadership
2. Information and other technologies
3. Workforce
4. Regulation.

A set of actions has been developed for each focus area and enabler.

All actions in this plan will need to be supported by sound business cases and a framework that enables us to measure the benefits that they realise.

Lead accountability for the actions has been assigned either to the Ministry, DHBs or the health and disability sector, although all actions will require co-ordinated effort across multiple organisations and stakeholders and success will depend on collaborative partnerships within integrated health and social care sectors.

Focus area 1: Population and personal health

Pharmacists providing public health interventions that enable people to live well, stay well and get well

Demands on health care are changing, with long-term conditions having an increasingly significant presence. Because New Zealanders are living longer, they are more likely to spend a period of their later years with one or more long-term conditions. This has the potential to impact negatively on their health and wellbeing, as well as placing additional demands on our health system.

Health promotion and preventative services for individuals and/or populations can use the accessibility and knowledge of pharmacists to improve the consumer's understanding of medicines and contribute to public health programmes and/or targets. Population-based initiatives help people live healthy and productive lives, achieve education and employment

goals and reduce the impacts of long-term conditions such as diabetes, cardiovascular disease, cancer, mental ill health and musculoskeletal conditions (Pharmaceutical Society of New Zealand 2014).

What does success look like?

Pharmacists, especially community pharmacists who come into contact with over 1.2 million patients per month, will deliver a broader range of high-quality health promotion and preventive services, working collaboratively with the wider health team to meet local health needs. This will be enabled by technology and workforce developments that pro-actively support and promote behaviour change and improve health and wellbeing outcomes. Pharmacists will play a greater role in supporting patients and their whānau to understand and access health services.

How can pharmacy services contribute to improved population and personal health outcomes?

Investing in the prevention or delay in the onset of long-term conditions is a government priority, as is working with people to give them the tools that will enable them to live well with their conditions. In order to meet these priorities, we need to address barriers that prevent people from accessing primary health care services.

Internationally, pharmacists are increasingly providing an extended range of accessible, high-quality coordinated services that focus on patient care and population health.

What are the opportunities for change?

Pharmacists as a first point of contact, and through their contribution to an interdisciplinary approach to addressing public health issues, could play a greater role in new models of care through:

- providing accessible high-quality information on medicines and general health matters to support self-management and healthy lifestyles, including in relation to smoking cessation, weight management, sexual health and alcohol screening
- providing brief interventions to specific patient populations (encompassing health education, advice, brief counselling and referral for treatment)
- providing screening services
- having greater involvement in public health promotion interventions.

Alignment with Implementing Medicines New Zealand

This focus area will contribute to the following Implementing Medicines New Zealand (IMNZ) impact areas:

- empowering individuals and families/whānau to manage their own medicines and health
- making the most of every point of care.

Actions

	Lead accountability	Priority
Ministry of Health		
Work with DHBs to increase the use of brief interventions by primary health care providers, including pharmacists.	Ministry of Health	2016–18
Ensure pharmacists are able to record their activities in national information systems, eg, NIR.	Ministry of Health	2016–18
Work with DHBs to increase opportunities for screening, assessment and referral by primary health care providers, including pharmacists.	Ministry of Health	2017–18
DHBs		
Ensure annual plans reflect an interdisciplinary approach to planning and funding of population and personal health services.	DHBs	2016–17
Ensure contractual agreements enable interdisciplinary service models for the identification, prevention and active management of long-term health conditions.	DHBs	2016–17
Sector		
Promote pharmacists as a trusted source of health and medicines information.	Pharmacy sector	Ongoing
Strengthen partnerships between pharmacists and public health services in order to promote health and wellness, as part of interdisciplinary services.	Pharmacy sector	Ongoing
Promote good health literacy practices between pharmacists, individuals and whānau.	Pharmacy sector	2016–17
Undertake research to evaluate pharmacist-provided public and personal health services.	Schools of Pharmacy	2017–19
Review the promotion and supply of over-the-counter products for which there is little evidence of efficacy.	Pharmacy sector	2016–17

All actions in this draft are tentative. They are subject to costing, budget processes and consumer and sector feedback. Actions in the final plan may be subject to further prioritisation, costing and funding availability over the five-year period covered by the plan.

Focus area 2: Pharmacist clinical services

Pharmacists working collaboratively as part of an integrated team to deliver a comprehensive range of medicines management services

Pharmacists are medicines experts and work collaboratively with prescribers to assess and monitor medicines therapy and recommend changes, where necessary, to optimise medicines outcomes. There is a growing evidence base that supports pharmacists having a greater role in medicines therapy management.

The Pharmacy Council of New Zealand's Medicines Management Competence Framework describes four levels of pharmacist-provided patient-centred services within the pharmacist's scope of practice. These levels range from medicines' provision to comprehensive medicines management. The National Pharmacist Services Framework 2014 groups these medicines management services as either medicines adherence services (LTC, MUR) or medicines optimisation services (CPAMS, MTA, CMM) (see Glossary).

What does success look like?

All New Zealanders will be using medicines safely, effectively and consistently based on the best evidence available.

Pharmacists' expertise is fully utilised across the health and social sectors, in a broad range of settings as part of interdisciplinary teams. This may occur though both virtual and co-located teams. The focus is on a collaborative approach to delivering higher level clinical services as part of a seamless continuum of patient-centred care. This will be supported by fully integrated IT systems that enable the sharing of relevant patient information.

Pharmacy services, medical professional groups and funders will work together to understand, champion and initiate models of health care that optimally integrate these services in community, primary and secondary health care settings.

How can pharmacist clinical services contribute to improved health outcomes?

High-needs populations, such as the elderly (both in residential care and living in their own homes), families with children who have complex medical needs, people with mental illness and addiction problems, palliative-care patients and those suffering from long-term conditions are some of the population groups that could benefit from improved access to pharmacist clinical services.

New Zealand's ageing population means that supporting the health of older people will be an ongoing priority. A recent analysis of the direct impact of MTA on health service costs demonstrated a statistically significant reduction in acute inpatient admissions in the MTA group compared with those who had not received an MTA. This translates to a saving of \$578.35 for each MTA delivered. Additional positive outcomes for patients were also identified, including improved quality of life and reduced medicines interactions, medicines-related adverse effects and falls (Pharmaceutical Society of New Zealand 2013). Currently more than one in six New Zealanders aged 65 or older are living with three or more long-term conditions.

Most older people prefer to live in their own homes, and there is good evidence that people who continue to live in their own home – with personal care and home management support where necessary – have greater wellbeing. Improved access to medicines adherence and medicines optimisation services can positively contribute to the goal of keeping people out of hospital and delaying admission to residential facilities.

Alignment with Implementing Medicines New Zealand

This focus area will contribute to the following IMNZ impact areas:

- making the most of every point of care
- optimal medicines use in older people and those with long-term conditions
- optimal use of antimicrobial agents.

Actions

	Lead accountability	Priority
Ministry of Health		
Share examples of innovative business models that can be adopted to support the delivery of pharmacist clinical services.	Ministry of Health	Ongoing
Work to ensure the optimal use of antimicrobial agents.	Ministry of Health	Ongoing
Support a review of standards to clearly define that premises must meet the requirements of new service delivery models, including patient safety and privacy.	Ministry of Health	2016–17
DHBs		
Ensure annual plans reflect an integrated approach to planning and funding clinical pharmacist services.	DHBs	2015–16
Support an interdisciplinary approach to clinical governance at the local, regional and national levels.	DHBs/PHOs	2015–16
Ensure models of care and contractual agreements for 2016/17 align with specific targets for implementing medicines adherence and optimisation services. Develop a consistent approach to medicines adherence and optimisation across DHBs.	DHBs	2016–17
Ensure models of care and contractual agreements provide equitable access to medicines management services targeted towards patients receiving high-risk medicines and/or polypharmacy.	DHBs	2017–20
Ensure models of care and contractual agreements provide aged residential care (ARC) residents with equitable access to medicines management services that are tailored to the individual's changing health needs.	DHBs	2017–20
Ensure models of care and contractual agreements provide equitable access to medicines management services that support older people and patients with complex health needs to live well in their own homes.	DHBs	2017–20

All actions in this draft are tentative. They are subject to costing, budget processes and consumer and sector feedback. Actions in the final plan may be subject to further prioritisation, costing and funding availability over the five-year period covered by the plan.

Focus area 3: Acute demand management

Patients having equitable and timely access to self-care advice, treatment of minor ailments, acute demand triage and appropriate referral

The goal of an acute demand management scheme is to provide cost-effective urgent care options for any patient who needs them at any given time. Urgent care pathways ensure patients can be treated early, in the community whenever possible.

Many people present to emergency departments as the first line of treatment for minor, self-limiting conditions. The 3400 pharmacists working across a range of settings in the health system are well placed to take an active role in managing acute demand as part of an integrated health team. Community pharmacists already play a key role in managing acute demand by using their clinical training to ‘triage then treat or refer’, that is, assess symptoms, refer patients to other health care providers, where appropriate, or provide medicines and/or advice for managing minor ailments. This provides timely access to health care and reduces the burden on general practices and secondary health care services. However, the cost of medicines can be a barrier for some populations.

What does success look like?

Pharmacists will be part of an integrated team that provides a minor ailment and acute demand management scheme that reduces inappropriate pressures on general practice teams and emergency departments and enables those other teams to focus on patients with more complex needs in those settings.

Patients will have better access to earlier treatment of minor ailments and appropriate referral. Eligibility for a funded minor ailments scheme would not be universal, and patients would be required to meet clearly defined eligibility criteria.

How can pharmacists contribute to the improved acute demand management?

Minor ailment schemes have proven successful in other countries, including Australia, England and Scotland. Minor ailments covered under the Scottish scheme include diarrhoea, ear ache, allergies, hay fever, headache, head lice, fungal infections and sore throat (The Scottish Government 2006).

Developing a similar scheme in New Zealand would improve access to health care by providing minor ailments services across a broader range of settings and reducing barriers to access for patients.

In addition, a significant number of patients present to emergency departments as the result of an adverse medication-related event. Pharmacists located in an emergency department can play a key role in managing acute demand by contributing to the team triage process and providing advice on appropriate medicines management (HIIRC 2014).

Alignment with Implementing Medicines New Zealand

This focus area will contribute to the following IMNZ impact area:

- making the most of every point of care.

Actions

Ministry of Health and DHBs	Lead accountability	Priority
Develop a business case to support the implementation of an integrated acute demand management service.	Ministry of Health / DHBs	2016–17
Develop a business case to support the implementation of an integrated minor ailments service.	Ministry of Health / DHBs	2016–18

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Focus area 4: Dispensing and supply services

More effective use of the pharmacy workforce and technology to reconfigure the dispensing and supply process

Reconfiguration of the dispensing process will drive efficiencies in the supply of medicines and will enable pharmacists to spend more time providing person-centred care.

What does success look like?

Prescribing will be optimised through the use of e-prescribing and more interactive communication between the prescriber and the pharmacist.

The dispensing process will be reconfigured to increase efficiencies and make better use of technicians, whilst ensuring appropriate clinical input by pharmacists. The pharmacy accuracy checking technician (PACT) will be optimally utilised and play a key role across the medicines supply function.

Pharmacists and consumers will adopt and increasingly use technology and robotics. Harnessing technology such as robotics to automate the ordering and supply of medicines will create efficiencies that free up pharmacists to provide higher level clinical services. The supply chain will be sustainable.

What are the opportunities for change?

The PACT pilot is investigating the use of specially trained technicians to carry out the final accuracy check on a prescription. In the United Kingdom, PACTs have been demonstrated to free up pharmacist time to provide more patient-centred clinical services (NHS Pharmacy Education and Development Committee 2013).

Better use of technicians, reconfiguring the dispensing process and adopting technologies are key opportunities for change to ensure pharmacists can focus on the clinical rather than technical aspects of the dispensing and supply process.

Funding for pharmacy services under the Community Pharmacy Services Agreement (CPSA) includes a component, 'the margin', which is a contribution towards pharmacy pharmaceutical procurement and stockholding costs, calculated as a percentage of the schedule subsidy. Falling schedule prices have reduced the quantum of margin paid. A pharmaceutical margins taskforce has been formed to develop a new model as the CPSA governance group agree that the current margins model as it stands is no longer fit for purpose. The taskforce is charged with identifying a long-term solution to ensure the medicines supply chain remains sustainable.

Alignment with Implementing Medicines New Zealand

This focus area will contribute to the following IMNZ impact area:

- making the most of every point of care.

Actions

	Lead accountability	Priority
Ministry of Health		
Review the Health and Disability Services Standards – Pharmacy Services Standard 2010 to enable technicians in pharmacies to be checked.	Ministry of Health	2016–17
Review the pharmacy audit process to ensure it complies with the Community Pharmacy Services Agreement Audit Strategy 2015–2025.	Ministry of Health	In progress
Investigate options to drive efficiencies in the medicines supply chain through the broader use of technology, eg, robotic dispensing.	Ministry of Health	2016–2019
DHBs		
Ensure an interim solution for pharmaceutical margins is implemented by 1 July 2016.	DHBs	2015–16
Manage the removal of non-regulatory barriers to supply chain efficiency to ensure reward is balanced with risk across the sector.	Pharmac/DHBs	2016–18
Explore longer term options are in place for a sustainable and efficient supply chain.	DHBs	2016–19
Sector		
Develop best-practice guidelines that support person-centred dispensing, eg, ensure that an initial clinical screen of each prescription is carried out by a pharmacist.	PSNZ/PCNZ joint	2016–18
Promote a culture of open disclosure to support continuous quality improvement and decrease the incidence of dispensing errors.	HDC/PCNZ joint	2016–18
Optimise prescribing accuracy and enable more proactive communication between prescribers and pharmacists through the use of the New Zealand Electronic Prescription Service (NZePS).	GPs/pharmacists	2016–17

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Focus area 5: Prescribing pharmacists

Prescribing pharmacists contributing to better health outcomes by optimising medicines management

In 2013, regulations were passed allowing suitably qualified pharmacists to register in the scope of pharmacist prescriber when working in a collaborative health team environment. Prescribing pharmacists (acting as designated prescribers) provide individualised medicines management services to patients across a range of health care settings, including hospitals, residential facilities, general practice teams, hospices and in liaison between primary and secondary health care providers.

In the New Zealand context, prescribing pharmacists manage a patient's medicines therapy while working in collaboration with the primary diagnostician. The prescribing pharmacist must prescribe within the limits of their professional expertise and competence (both clinical and cultural) and ethical codes of practice.

What does success look like?

Prescribing pharmacists are integrated into and across a wide range of practice settings. They contribute to better health outcomes by optimising medicines management, in particular for patients with complex medicines regimens.

How can prescribing pharmacists contribute to improved health outcomes?

In the United Kingdom, new prescribers are a growing part of the health workforce, and by October 2009 there were over 1700 prescribing pharmacists working in the National Health Service (NHS). Evidence has shown the benefits of using new prescribers include: giving patients quicker access to medicines, more flexible patient-centred care and making better use of clinical workforce skills. The use of pharmacists and other new prescribers has been shown to be safe, acceptable to patients and acceptable to other clinicians (Prescribing for Success 2010).

As of August 2015, there were 16 prescribing pharmacists in New Zealand, working in a wide range of clinical settings including paediatrics, gout management and mental health.

What are the opportunities for change?

Pharmacists are trained to take a broad overview of medicines therapy. This skillset means that prescribing pharmacists can play an important role in the management of patients with complex medicine regimens. New models of care should support and encourage integration of this skillset into an expanded range of settings.

Alignment with Implementing Medicines New Zealand

This focus area will contribute to the following IMNZ impact areas:

- enabling shared care through an integrated health care team
- competent and responsive prescribers.

Actions

	Lead accountability	Priority
Ministry of Health		
Develop a repository of exemplar prescribing pharmacists models to support the development of new models of care.	Ministry of Health	Ongoing
Facilitate the development of a single prescribing standard for all prescribers.	Ministry of Health	2016–20
Explore and develop models for pharmacist prescribing.	Ministry of Health/ professional organisations	2016–20
DHBs		
Ensure new models of care and contractual and governance arrangements enable prescribing pharmacists to initiate relevant laboratory tests.	DHBs	2016–18
Support the development of models of care to enable the integration of prescribing pharmacists into a wide range of primary and secondary health care teams.	DHBs	2018–20
Sector		
Review special authority rules to enable appropriate use by new prescribers.	PHARMAC/Sector	2016–18

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Key enablers

The steering group has identified four key enablers, each with a set of specific actions that must be in place to support the implementation of this plan.

Enabler 1: Leadership

Pharmacy working in partnership with health professionals, patients and their families

Leadership is critical to organisational performance and plays a vital role in instilling a culture of patient safety in health care systems (Baker 2011). Leadership is central to ensuring there are opportunities for pharmacists to work in a wider range of integrated and collaborative practice environments. Having capable leaders is critical to meeting changing demands, improving health equity and responding to increasing community and government expectations concerning value.

Within the context of the wider health system, pharmacy services need to build effective and resilient leadership capability to support current leaders, as well as enable the services to take leadership roles across the wider health system.

What does success look like?

Strong leadership locally, regionally and nationally will enable the pharmacy profession to contribute to new integrated models of care.

There will be personal, professional and system-wide investment in developing pharmacy leaders across governance, executive and clinical spheres.

There will be successful interdisciplinary leadership development that focuses on realising the strengths of each discipline and the value of optimal collaboration to the patient, the profession and the system.

Pharmacy, medical and nursing leaders respect each other's strengths and contributions.

What are the opportunities for change?

Core skills required by pharmacy leaders include how to work with other health sector leaders to develop collaborative models of care that optimise service provision.

Developing leadership competency frameworks and providing leadership forums will lead to a more effective influence on policy to support broader roles for pharmacy services as part of integrated health care teams.

Alignment with Implementing Medicines New Zealand

This enabler will contribute to the following IMNZ impact area:

- enabling shared care through an integrated health care team.

Actions

	Lead accountability	Priority
Ministry of Health and DHBs		
Appoint pharmacists to leadership roles on health governance structures, eg, DHB committees, PHO alliances	Ministry of Health and DHBs	2016–18
Sector		
Strengthen the leadership capacity and capability of the pharmacy workforce to drive greater integration across the health and social sectors	PSNZ/PGNZ	2016–18
Develop and implement a leadership competency framework for pharmacy professionals	PSNZ/PGNZ	2016–18
Provide leadership development for pharmacy leaders emerging through new models of care	PSNZ	2016–18
Establish a pharmacy leader's forum of representatives from across the profession who will help implement the vision for the future of pharmacy	PSNZ	2016–18
Develop and maintain national and local networks to promote collaboration across the health and social sectors	PSNZ/PGNZ	2016–18
Educate consumers on the current and emerging roles of the pharmacist as part of the integrated health care team	PSNZ/PGNZ	2016–18
Develop a work programme to encourage practice improvement, innovation and transformation towards new models of care	PSNZ/PGNZ	2016–18

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Enabler 2: Information and other technologies

Better use of technology for better patient outcomes.

The Ministry is actively encouraging investment in models of care and services that meet individuals' needs efficiently. Increasingly those models of care rely on well-designed information technology (IT) that integrates services across health care settings.

Information platforms must communicate with each other locally, regionally and nationally, enabling information to be shared between community and hospital health services in a timely way. Realising the vision of an integrated health sector requires an IT platform that supports the sharing of key patient information across providers and with patients. Supporting infrastructures must adapt to technology changes that have impacts across our health care system.

What does success look like?

Well-designed IT solutions give patients better, safer treatment, while enabling us to become more efficient and work smarter to reduce costs. Patients and their treatment providers will have access to a core set of personal health information regardless of the health service setting.

What are the opportunities for change?

There are a number significant IT projects underway to modernise New Zealand’s health system’s IT infrastructure and to enable patients and their treatment providers to have access to core personal health information regardless of the setting. These projects will enable the virtual integration of pharmacy and primary health care services – particularly e-prescribing and shared electronic health records.

The National Health IT Board (NHITB) is focusing on a number of foundations needed to support an integrated, patient-focused health care delivery model. For example, provider/clinical portals and shared care records/clinical data repositories and shared care planning.

Technology, including information technology, has the potential to transform pharmacy practices, in the same way it has changed operating models in other industries.

Alignment with Implementing Medicines New Zealand

This enabler will contribute to the following IMNZ impact areas:

- enabling shared care through an integrated health care team
- optimal medicines use in older people and those with long-term conditions.

Actions

	Lead accountability	Priority
Shared care and patient medication record		
Provide oversight and direction to the sector to ensure the New Zealand Universal List of Medicines (NZULM) and the New Zealand Formulary (NZF) are used consistently by all sector information systems to improve the quality of medicines information.	Ministry of Health	2016–18
Provide IT policy and implementation advice that enables and integrates pharmacy services into regional shared care and patient medication record information services.	Ministry of Health	2017–19
Manage regional and district level programmes to implement shared care models and patient records incorporating pharmacy and medicines information.	Districts & Regional IT Alliance Governance Groups	2017–19
Electronic medicines management		
Enable pharmacists to record immunisations on the National Immunisation Register (NIR).	Ministry of Health	Immediate
Enable safer hospital prescribing by completing national implementation of hospital medicines management systems.	Ministry of Health	2016–18
Enable safer and more integrated pharmacy services by completing the rollout of the New Zealand Electronic Prescription Service (NZePS) to all prescribing systems and improving the functionality between these and pharmacy systems.	Ministry of Health	2016–18
Prescribing quality improvement		
Identify prescription quality issues and agree on an itemised plan to resolve ownership and prioritisation of each item.	Ministry of Health	2016–18
Programme implementation and innovation		
Clarify the role of IT as an enabler for medicines management by investigating how the broader use of technology can optimise patient access to medicines.	Ministry of Health	2016–18
Create a measurement and analysis framework to track the benefits realised and performance improvements achieved through the use of IT as a medicines management enabler.	Ministry of Health	2016–18

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Enabler 3: Workforce

The expertise of the pharmacy workforce used to its full capacity

The pharmacy workforce is:

- highly qualified
 - pharmacists complete a five-year tertiary clinical qualification with a primary focus on medicines and medicines management
 - approximately 13 percent of pharmacists hold post-graduate qualifications in clinical pharmacy
- growing in capacity
 - the pharmacy workforce grew from 2750 in 2005 to 4629 in 2014
- young
 - about 30 percent of pharmacists are less than 35 years old and 50 percent are aged less than 45 years old
- easily accessible
 - more than 900 community pharmacies are accessed by over 1.3 million patients each month for prescriptions alone.

What does success look like?

Pharmacists will be less involved in the technical aspects of medicines supply and better utilised to provide patient-centred care across a wide range of practice settings. The capability and capacity across the profession will be optimised to contribute to the management of acute demand and patients with complex needs, in particular, those with long-term conditions, older adults, vulnerable children and populations and those with disabilities.

Pharmacists will have a structured professional development pathway that supports these new models of care.

The pharmacy, medical and nursing workforces are all utilising each other's complimentary skillsets and are strongly engaging a team approach.

Why is workforce important?

To respond to the changing burden of disease, the health and disability workforce needs to work in different ways, with a broader range of colleagues. Services must be delivered in ways that meet people's needs and make the best use of every point of care rather than responding to acute episodes.

What are the opportunities for change?

There are over 3400 registered pharmacists and approximately 1200 technicians working in a range of practice settings across New Zealand. Pharmacist numbers continue to increase by approximately 200 each year. The pharmacy workforce therefore has the capacity and capability to make a more meaningful contribution to an integrated health system. Better utilisation of pharmacy technicians is a key enabler for pharmacists to focus on the delivery of more patient-centred services. However, while the 2013 census identified that almost 15 percent of the New Zealand population identified as Māori, just 1.5 percent of New Zealand registered pharmacists are Māori (Pharmacy Council of New Zealand 2014).

Likewise, although around 7 percent of the population identified as being of Pacific origin, just 0.9 percent of the pharmacist workforce identified as Pacific.

Efforts need to be intensified to ensure the profile of the pharmacist workforce is more reflective of the populations it serves.

Alignment with Implementing Medicines New Zealand

This enabler will contribute to the following IMNZ impact areas:

- enabling shared care through an integrated health care team.

Actions

	Lead accountability	Priority
Ministry of Health		
Ensure funding for pharmacy workforce development is appropriately targeted and leads to outcomes that support the New Zealand Health Strategy.	Ministry of Health	2016–17
Continue to engage with the pharmacy sector to ensure the future workforce can contribute to delivering integrated, accessible health care services.	Ministry of Health	2016–17
DHBs		
Incentivise the uptake of post-graduate clinical pharmacy education (to post-graduate diploma level or equivalent) to increase the workforce capacity to provide MTA-level clinical services.	DHBs	2016–18
Sector		
Develop and approve a national training programme for pharmacy accuracy checking technicians (PACT) to be delivered by approved providers.	PSNZ	Immediate
Incentivise the uptake of PACT training in order to increase the capacity of the checking technicians' workforce.	PSNZ/PGNZ	2016–18
Implement the national roll-out of the PACT qualification.	PSNZ	2017–18
Identify and implement the uptake of technician post-basic education in order to increase the technical and managerial capacity of the technicians' workforce.	Pharmacy sector	2016–18
Build the capacity of pharmacy staff to act as health navigators to help patients and whānau access appropriate quality and timely health services.	PSNZ/PGNZ	2016–18
Provide training that supports pharmacy staff to deliver population and personal health programmes.	PSNZ/PGNZ	2016–18
Develop generic, principles-based training for registered pharmacists for the supply of pharmacist-only medicines.	PCNZ/PSNZ	2016–18

	Lead accountability	Priority
Review current post-graduate clinical pharmacist qualifications to ensure they are fit for purpose, ie, still current, keeping pace with change and preparing pharmacists adequately to take on extended roles in an integrated health system.	PCNZ/Schools of Pharmacy	2018–20
Ensure that pharmacy graduates have the appropriate cultural competence, health literacy and clinical, communications and decision-making skills to provide MTA-level clinical services while completing an agreed minimum period of formal post-registration supervision and support.	Schools of Pharmacy	2018–20
Ensure that undergraduate pharmacy curricula prepare graduates to deliver population health and health literacy services.	Schools of Pharmacy	3–5 years
Promote programmes for the pharmacy workforce that further strengthens core cultural competency skills.	Pharmacy Council of New Zealand	3–5 years
Increase the numbers of Māori and Pasifika students and other ethnicities to reflect population.	Schools of Pharmacy	3-5 years

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Enabler 4: Regulation

The legislative framework

A robust regulatory regime is a prerequisite for delivering high-quality health care services that are safe and effective. Achieving the vision for pharmacy services set out in this document will require our government to question regulatory barriers and ensure that the law enables rather than hinders the desired future direction.

The Government is reviewing therapeutic products legislation with the intention of repealing and replacing the Medicines Act 1981 and its regulations. New legislation will be prepared in accordance with the Government's agreed principles for best-practice regulation. These principles include, in particular, that regulation should not unduly interfere with economic activity and should be flexible and proportionate.

What does success look like?

Legislation by itself will not create innovative pharmacy practices. The Government is looking to the pharmacy profession to know where change is needed and to drive improvement across the pharmacy sector. The Government's role is to create an efficient and effective regulatory environment, with a strong focus on safety, but one that is sufficiently flexible and responsive to enable innovative practices to flourish.

This might include, for example, a more permissive prescribing and dispensing framework and licensing arrangements that are focused on ensuring appropriate control of pharmacies rather than business ownership.

What are the opportunities for change?

The regulatory framework for therapeutic products will comprise the primary legislation and supporting regulations. The broader regime will include other instruments, such as standards and guidelines.

It is essential that the regulatory framework is designed to be modern and flexible. It should enable and support the changes signalled in this action plan and in the range of other programmes and strategies underway across pharmacy services and the wider health sector.

Alignment with Implementing Medicines New Zealand

This enabler will contribute to the following IMNZ impact areas:

- making the most of every point of care
- optimal use of antimicrobial agents
- empowering individuals and families/whānau to manage their own medicines and health
- optimal medicines use in older people and those with long-term conditions
- competent and responsive prescribers
- removing barriers to access.

Actions

	Lead accountability	Priority
Regulatory framework		
Complete new therapeutic products legislation to replace the Medicines Act 1981.	Ministry of Health	Planned for enactment in 2017
Develop regulations to support the new therapeutic products legislation.	Ministry of Health	2018–20 years
Key components of the framework		
The regulatory review will focus particularly on:	Ministry of Health	(As above)
<ul style="list-style-type: none">• review of provisions for the safe and effective operation of pharmacies (eg, control, ownership, licensing, auditing and monitoring)• review of the role of pharmacies in the therapeutic products supply chain (eg, storage, sale, supply and distribution)• review of the prescribing framework, including consideration of different models for prescribing, in different contexts and by a range of health professionals (including pharmacists)		

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Glossary

Adherence	As defined by the World Health Organization (WHO), the extent to which a person's behaviour (taking medication, following a diet and/or executing lifestyle changes) corresponds with agreed recommendations from a health care provider (WHO 2003b).
Alliance agreements	Agreements that provide leaders from across the local health sector greater freedom to jointly determine service priorities and models of care in their districts. The Government promotes and encourages the establishment of district and regional alliances.
Authorised prescriber	<p>Any one of:</p> <ul style="list-style-type: none">(a) a nurse practitioner(b) an optometrist(c) a practitioner(d) a registered midwife(e) a designated prescriber. <p>An authorised prescriber is able to prescribe all medicines appropriate to their scope of practice rather than being limited to a list of medicines specified in regulation.</p>
Carers	People who provide support and/or care to a consumer, excluding those employed to provide carer services. Sometimes, carers will speak on behalf of those receiving care if the consumers are unable to speak for themselves.
Collaboration	Any joint activity by two or more agencies that is intended to increase public value by the agencies working together for a common purpose. For example, sharing information and training.
Community Pharmacy Services Agreement (CPSA)	An accord that enables district health boards (DHBs) to fund community pharmacies. Implementation of the CPSA is managed by the Community Pharmacy Services Agreement team within DHB Shared Services.
Consumer	A person who has accessed or is currently using a health or disability service or is likely to do so in the future.
Designated prescribers	A person who can prescribe medicines within their scope of practice, for patients under their care, from the list of medicines specified in their designated prescriber regulations.
Dispensing	<p>in relation to a medicine, includes, without limitation:</p> <ul style="list-style-type: none">(a) the preparation of that medicine for sale to the public (whether in response to the issue of a prescription or a request by an individual to be supplied with the medicine)(b) the packaging, labelling, recording and delivery of that medicine.

Equity	As defined by the World Health Organization (WHO), the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically (WHO 2015).
General practice	An academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and a clinical speciality orientated to primary care. It is personal-, family- and community-orientated comprehensive primary health care that includes diagnosis, continues over time and is anticipatory as well as responsive.
Health and disability system	The set of organisations, components and individuals whose function is to contribute to the health of individuals and communities and to support people with disabilities and their families. This includes people working across the breadth of clinical, management, governance, policy and other support roles. The word ‘system’ is used instead of ‘sector’ to emphasise the links that ensure the system operates effectively.
Health literacy	‘The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions’ (Kickbusch et al 2005).
Integration	The combination of processes, methods and tools that facilitates integrated care.
Interdisciplinary team	A dynamic process involving health professionals with complementary skills being involved in working together to assess, plan or evaluate patient care. This is accomplished through interdependent collaboration, open communication and shared decision-making. This in turn generates value-added patient, organisational and professional outcomes.
Inter-sectoral action	A recognised relationship between part or parts of the health and disability system with part or parts of another sector that has been formed to take action on an issue or to achieve health outcomes (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health and disability system working independently.
Long-term conditions	Recurring or ongoing conditions that have been taking place over a long time and that can have a significant impact on people’s lives. The long-term conditions that have a significant health impact in New Zealand are: diabetes, cardiovascular disease (including stroke and heart failure), cancer, asthma, chronic obstructive pulmonary disease (COPD), arthritis and musculoskeletal disease, and mental health disorders.
Margin	One component of the reimbursement formula set out in the Community Pharmacy Services Agreement for each service involved in supplying a pharmaceutical.

Medicines Management Services (MMS)

Any one of:

- (a) **Medicines Adherence services**
 - (i) LTC – Pharmacy Long-Term Conditions service: For eligible patients, to optimise the supply and use of prescribed medications and to support adherence.
 - (ii) MUR– Medicines Use Review service: For patients with complex difficulties in understanding and adhering to prescribed medications.
- (b) **Medicines Optimisation services**
 - (i) CMM – Comprehensive Medicines Management: For patients with complex clinical medication management needs under the care of an integrated health care or primary health organisation.
 - (ii) CPAMS – Community Pharmacy Anticoagulation Management Service: Using a point-of-care device, accredited community pharmacists perform international normalized ratio (INR) testing for patients prescribed warfarin and make appropriate dose adjustments using a decision support system.
 - (iii) MTA – Medicines Therapy Assessment: A systematic, patient-centred clinical assessment of all medicines currently taken by a patient, identifying, resolving and preventing medication-related problems as well as optimising the effectiveness of medication treatment. Pharmacists perform MTA directly, substantially influence prescribing decisions and are an integral part of a patient’s health care team.

Patient- and consumer-centred care

Patient- or consumer-centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Different definitions and terminology have been used to describe the concepts in this area, but key principles of patient-centred approaches include:

- (a) treating patients, consumers, carers and families with dignity and respect
- (b) encouraging and supporting patients, consumers, carers and families to participate in decision making
- (c) communicating and sharing information with patients, consumers, carers and families
- (d) fostering collaboration with patients, consumers, carers, families and health professionals in programme and policy development, and in health service design, delivery and evaluation.

Pharmacist

A health practitioner who is, or is deemed to be, registered with the Pharmacy Council of New Zealand as a practitioner of the pharmacy profession.

Pharmacy

A place where a pharmacy practice is conducted.

Pharmacy practice	Includes, without limitation: <ul style="list-style-type: none"> (a) the compounding and dispensing of prescription medicines, restricted medicines or pharmacy-only medicines (b) the supply of a medicine by a pharmacist to suit the needs of a particular person (c) the sale of prescription medicines, restricted medicines or pharmacy-only medicines.
Practitioner	A person who is professionally qualified and registered to practise the delivery of health care services.
Primary Health Organisations (PHOs)	Organisations funded by district health boards (DHBs) to ensure the provision of essential primary health care services, mostly through general practices, to those people who are enrolled with the PHO.
Quality	The Health Quality and Safety Commission New Zealand has presented six system-level indicators of quality, set within the New Zealand version of the Triple Aim, as the foundation for developing high-level health and disability services quality and safety indicators (Health Quality & Safety Commission 2012). The six indicators are: <ul style="list-style-type: none"> (a) access – people’s ability to obtain the right care at the right place and time (b) equity – for specific populations/sub-populations/vulnerable populations (c) effectiveness – care/intervention/action achieves desired outcome (outcome measures) (d) safety – preventing adverse or undesired outcomes (e) patient experience – person centred and client oriented (f) efficiency – greatest benefit for the resources used.
Referral	The process of formally (ie, in writing) directing or redirecting a patient to appropriate services for assessment or treatment. The referral process includes providing a summary report of relevant patient information.
Self-care	Care of oneself, which includes healthy living behaviours, such as avoiding health risks, adequate physical exercise, proper nutrition, maintaining mental wellbeing and taking medicines (prescription and over-the-counter) responsibly and appropriately. Self-care products are useful for individuals wishing to take preventive care and to treat a large number of ailments either under the direct supervision of a health care professional or on their own. Responsible use of self-care products involves using the right product for the right indication at the right time and in the right way. This includes both self-medication using self-care products to treat common health problems and to help reduce the risk of disease.

Triple Aim

The Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimising health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which we call the 'Triple Aim':

- (a) improving the patient experience of care (including quality and satisfaction)
- (b) improving the health of populations, and
- (c) reducing the per capita cost of health care.

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Appendix 1:

International Context

Australia

Australia commenced a pharmacy trial on 1 July 2015 that expands the role of pharmacists in delivering certain health care services. For the trial, AUD600 million (with a further AUD600 million more possibly made available, for a potential total of AUD1.2 billion) will be provided over the five-year duration of the trial to fund additional services.

The services targeted for inclusion in the trial include: blood pressure management, diabetes screening, weight management, vaccinations, addiction intervention and mental health support. All these services have typically been associated with general practitioners (GPs).

The trial is part of major changes that are occurring in primary health care through the establishment of primary health networks. The networks aim to promote integration of health care services at the community level to improve consumer access to the health system. The national health policy setting supports greater integration across professions. The end result of this shift is to improve health outcomes for consumers.

Recent studies in Australia have demonstrated that there is consumer support for the principles of pharmacist integration into a primary health care setting (Jordan et al 2015; Freeman et al 2012). The Consumers Health Forum of Australia completed a survey of pharmacists and primary health care (Consumers Health Forum of Australia 2015). The survey supports a move towards more integrated and expanded models of community-based health care. The online survey revealed that nearly three-quarters of respondents supported pharmacists providing expanded services, either co-located with doctors or at local pharmacies, while fewer than one-quarter of respondents opposed such a move.

The survey showed that most Australians wanted to see their pharmacists have a greater role in performing basic support services, such as immunisations and blood pressure checks and working with GPs to help chronically ill patients better manage their medication. The major implication of these results is rethinking the traditional roles for GPs and pharmacists. While there was a clear majority support for expanding the role of the pharmacist, it was also evident that most consumers would not wish to see eroded the central role of the GP in their health care. A higher proportion of respondents (74.2 percent) indicated they would like to see a pharmacist co-located with their GP compared with those supporting the local pharmacists providing increased services (69.6 percent).

The major implication of the survey results is that if pharmacists are going to assume a greater role in providing primary health care services, then traditional roles for GPs and pharmacists need to be reviewed, especially what training will be necessary to give consumers the confidence that these services do not dilute the quality consumers have come to expect from GPs.

Consumers viewed the potential for expanding pharmacies from their traditional settings as one possible way to achieve greater coordination.

England

The white paper *Pharmacy in England* (Department of Health 2008) outlined the United Kingdom's government's vision on how pharmacy services should develop. This included pharmacists contributing to improving public health by helping with lifestyle interventions. Pharmacy services are an ideal location for making lifestyle interventions since 84 percent of United Kingdom adults visit a pharmacy at least once a year and an estimated 1.2 million people visit a pharmacy daily for health-related reasons (Department of Health and NHS Primary Care Contracting 2009).

The white paper set out the Government's programme to support and deliver changes, with pharmacists having a central role in contributing to integrated and personalised health and social care partnerships.

A study published in the *British Journal of General Practice* investigating people's attitudes towards managing minor illnesses found that self-care is likely to be the recommended course of action by health care professionals. The findings of the study indicated that people prefer to wait and pay less to manage symptoms (Porteus et al 2006).

Scotland

The Scottish Government published *Prescription for Excellence* in 2013. This plan sets out how new and innovative models can facilitate the professional independence of pharmacists, working in collaborative partnerships with other health and social care professionals.

Canada

The Canadian government published *Blueprint for Pharmacy* in 2008 (Task Force on a Blueprint for Pharmacy 2008). The blueprint recognises that the demands on the health care system and the changes in the delivery of health care require pharmacists to focus more on patient-centred, outcomes-focused care to optimise the safe and effective use of medicines.

Appendix 2: Pharmacy Steering Group Members

Cathy O'Malley (Co-Chair)

Cathy is the Deputy Director-General of the Sector Capability and Implementation Business Unit of the Ministry of Health. Among other things, this unit is accountable for work on integration, primary care and a range of population and personal health programmes.

Before joining the Ministry, Cathy worked in management roles in the health sector and spent 10 years in the voluntary sector, working for the YMCA and as a management consultant. Most recently, she has been the chief executive of Compass Health and the associated Primary Health Organisations (PHOs), a position she has held since 1995. Until taking up her role with Compass Health, Cathy was also an appointed member of the executive management team of Capital & Coast District Health Board and was a director of Wellington Free Ambulance for eight years.

Julie Patterson (Co-Chair)

Julie has extensive experience working in the New Zealand public health service. Julie graduated from Wanganui School of Nursing as a registered and obstetric nurse. Julie has a BA and MBC. As well as clinical practice, she has experience in training health professionals, health management, policy and regulation.

Dr Andrew Bary

Andrew is a community pharmacist proprietor from Queenstown, with previous experience working in secondary health care, academia and the pharmaceutical industry. Andrew's pharmacy practice works closely with a wide range of health practitioners in the local community and also provides pharmacist clinical services to Lakes District Hospital, Queenstown and funded community pharmacy anticoagulant monitoring services. Andrew is the current Chair of the Pharmacy Council of New Zealand and has extensive governance experience.

Carolyn Oakley-Brown

Carolyn is a community pharmacist proprietor from Christchurch, where she owns five pharmacies. She has had instrumental roles in Canterbury's medicines management pilot, the Canterbury Community Pharmacy Group and the Alliance Leadership Board of the Canterbury Clinical Network (CCN).

Carolyn is accredited to provide emergency contraception, MUR and MTA services. She was recently awarded a Fellowship of the Pharmaceutical Society of New Zealand and has experience working in and with a wide range of primary and secondary care services. Carolyn is a past Chair of the Pharmacy Council of New Zealand, and has governance experience in a range of cross-sector roles, including regulatory, cross-sector and pharmaceutical wholesaling.

Gemma Waterhouse-Perry (resigned due to family reasons)

Gemma is an award-winning community pharmacist proprietor from Te Awamutu, having won, amongst others, the Supreme Award at the New Zealand Pharmacy awards in 2013. Gemma has extensive governance experience, being a current Pharmacy Guild and Pharmaceutical Sales Ltd board member. She is a current member of the Community Pharmacy Services Agreement (CPSA) systems and processes working group and brings an important provincial practice perspective to the table, along with knowledge and experience in how to provide health services in an integrated manner.

Graeme Smith

Graeme is a community pharmacist proprietor from Canterbury with a wide range of experience across community pharmacy, including recent experience working in innovative roles in the United Kingdom. Graeme is the former Chief Executive of the Canterbury Community Pharmacy Group and a member of the CCN Alliance Leadership Board. He is also a member of the CPSA's clinical partnerships work stream and the Pharmaceutical Society of New Zealand's National Executive. Graeme has a sound background in implementing integrated practice solutions across primary health care settings and disciplines.

Leanne Te Karu

Leanne is a pharmacist prescriber with strong experience in providing clinical pharmacist services in gout and cardiovascular therapeutics. Leanne is from Muaūpoko and Whanganui iwi (Ngāti Rangi/Ngāti Kurawhatia/Ngāti Patutokotoko). Leanne is a current board member of the Pharmacy Council of New Zealand, holds an honorary lectureship at The University of Auckland School of Pharmacy and is a director of a company that provides strategic planning assistance and cultural competence training.

Leanne brings a wide range of strategic, practice, teaching and governance skills to the table, with her involvement with an extensive range of organisations, such as Pharmac, Best Practice Advocacy Centre (BPAC) New Zealand, Ngā Kaitiaki o te Puna Rongoā – The Māori Pharmacists' Association, district health boards (DHBs) and Health Quality & Safety Commission New Zealand (HQSC).

Keith Crump

Keith is a clinical pharmacist facilitator with ProCare Health. He has extensive experience in collaborating with a wide range of health professionals to provide clinical advisory services in both primary and secondary care. He also has a strong background in facilitating the design and implementation of new cross-sector services.

Keith has wide experience in clinical teaching for under- and post-graduate pharmacy students and has been instrumental in course development and delivery. Keith also has a part-time role as a clinical mental health pharmacist at Waitemata DHB and has many years' experience delivering mental health services. Keith is a current member of the Pharmacy Council of New Zealand's board.

William (Billy) Allan

Billy is the chief pharmacist (primary and secondary services) for Hawke's Bay DHB, an innovative role involving professional and governance responsibilities across primary and secondary health care. He has extensive experience in providing clinical pharmacist services in secondary health care and has had an instrumental role in implementing clinical advisory pharmacist services across primary and secondary health care in the Hawke's Bay.

Billy has extensive strategic and governance experience, being a current member of the Pharmaceutical Society of New Zealand's executive, a past president of the New Zealand Hospital Pharmacists' Association and having held governance roles with a wide range of organisations, including HQSC, New Zealand Universal List of Medicines (NZULM) and Pharmac. Billy has had experience in providing cross-professional education and is a current member of the CPSA's clinical partnerships work stream.

Dr David (Buzz) Boothman-Burrell

Buzz is a general practitioner currently practising in Blenheim, where he also provides a 'persistent pain' service, working as part of an interdisciplinary team in conjunction with Burwood pain service. Buzz is also a senior lecturer for the Otago School of Medicine for the rural medical immersion fifth-year medical student programme and is involved with registrar training for The Royal New Zealand College of General Practitioners. Buzz has a wide range of primary and secondary care experience, rural and urban experience based in New Zealand, rural Australia and the United Kingdom. Buzz brings a range of governance experience to the table including within the RGPN, NZMA and RNZCGP and is a member of the CPSA's clinical partnerships work stream.

Julie Hollingsworth

Julie is a nurse practitioner prescriber currently working in gerontology in both community and residential care settings in the Kapiti area. Julie has extensive experience in both clinical and teaching roles in primary and secondary health care and has worked in a wide range of clinical fields, including palliative care, general medical/surgical, domiciliary roles, intellectual disability and mental health. Julie has a wealth of experience in providing cross-sector, interdisciplinary services and mentoring less experienced practitioners into these roles.

Simon Everitt

Simon is the General Manager, Planning and Funding Team, Bay of Plenty DHB. Simon started his career in health in 1990, graduating as an occupational therapist. He worked in New Zealand and the United States for the next 10 years, specialising in neurological rehabilitation. Simon moved into health management in 2000, working for four years for the Ministry of Health before shifting to the Wairarapa DHB, where he held a number of roles including General Manager Planning and Funding from October 2008 to December 2012.

Before accepting his current role with Bay of Plenty DHB in May 2014, Simon was the Deputy Director of the Service Integration and Development Unit (SIDU) across the Wairarapa, Hutt Valley and Capital & Coast DHBs. Simon is interested in how greater integration of health services can be achieved, taking a 'whole of system approach' to the planning and funding of health services.

Making a submission

Pharmacy Action Plan: Consultation document

Submissions close on Friday 23 November 2015 at 5 pm.

The Ministry of Health must have your submission by this date and time. Any submissions received after this time will not be included in the analysis of submissions.

In making your submission, please include or cite relevant supporting evidence if you are able to do so.

There are two ways you can make a submission:

- Fill out this submission form and email it to:
pharmacyactionplan@moh.govt.nz

OR

- Mail your comments to:
Pharmacy Action Plan Consultation
Sector Capability and Implementation
Ministry of Health
PO Box 5013
WELLINGTON 6145

The following questions are intended to help you to focus your submission. It will help us analyse the feedback we receive on the plan if you can use this format. You are welcome to answer some or all questions.

Questions

Vision

Q1. Does the vision adequately address the strategic context for the future of pharmacy services as part of an integrated health and disability system in the next three to five years? If not, what is missing or what needs to be added?

Yes No

Additional comments:

Focus Area 1: Population and personal health

Q2. Do you agree that pharmacists should have a greater role in providing public-health level interventions?

Yes No

Additional comments:

Q3. Do you think the population and personal health actions could encourage pharmacist-led population and personal health initiatives as part of integrated health services?

Yes No

Additional comments:

Focus Area 2: Pharmacist clinical services

Q4. Do you agree with the focus in this section on optimising pharmacists' medicines management expertise to be used across the health and social sectors in a broader range of settings as part of an interdisciplinary team?

Yes No

Additional comments:

Q5. How important is it to change funding and contractual agreements (CPSA, PHO, Aged Care) for successful integration across primary health care services (including pharmacist services)?

Essential Very important Little importance Not important

Additional comments:

Q6. How important is it that pharmacists are part of interdisciplinary teams?

Essential Very important Little importance Not important

Additional comments:

Focus Area 3: Acute demand management

Q7. Do you agree with the focus in this section on pharmacists having a greater role in contributing to the treatment of minor ailments, acute demand triage and appropriate referral?

Yes No

Additional comments:

Q8. Do you agree with the focus in this section on developing a minor ailment service?

Yes No

Additional comments:

Focus Area 4: Dispensing and supply services

Q9. Do you agree with the focus in this section on driving efficiencies in the medicines supply chain through the broader use of technologies, for example, robotic dispensing and more flexible regulation?

Yes No

Additional comments:

Q10. How important is the role of the pharmacy accuracy checking technician (PACT) in driving dispensing efficiencies?

Essential Very important Little importance Not important

Additional comments:

Focus Area 5: Prescribing pharmacists

Q11. Do you agree there should be greater integration of prescribing pharmacists into a wide range of primary and secondary health care teams, including residential care facilities?

Yes No

Additional comments:

Enabler 1: Leadership

Q12. How important is leadership as an enabler to the actions in this plan?

Essential Very important Little importance Not important

Additional comments:

Enabler 2: Information and other technologies

Q13. How important is information technology (IT) in terms of the potential to transform pharmacy practices?

Essential Very important Little importance Not important

Additional comments:

Q14. How important is it for pharmacists to be able to have full readable/writeable access to patient health records?

Essential Very important Little importance Not important

Additional comments:

Enabler 3: Workforce

Q15. How important is it to have pharmacists less involved in the technical aspects of medicines supply and better utilised to provide patient-centred care across a range of practice settings?

Essential Very important Little importance Not important

Additional comments:

Enabler 4: Regulation

Q16. How important will a more permissive prescribing and dispensing framework be for changing the future direction of pharmacy services?

Essential Very important Little importance Not important

Additional comments:

Q17. How important will potential changes in ownership and/or licensing arrangement be for changing the future direction of pharmacy services?

Essential Very important Little importance Not important

Additional comments:

Priority of actions

Q18. If you had to prioritise the actions in this plan what would be your top three actions for implementing in the next five years?

Priority actions:

Q19. Are there any actions in this plan that you particularly agree with or disagree with, and if so why?

Agree	Disagree
Reasons	

Q20. Are there any actions that you think have been omitted that should be included, and if so what are they and why should they be included?

Additional actions that should be included?	Reasons

Submission form

You do not have to answer all the questions or provide personal information if you do not want to.

This submission was completed by: *(name)* _____

Address: *(street/box number)* _____

(town/city) _____

Email: _____

Organisation (if applicable): _____

Position (if applicable): _____

Are you submitting this as *(tick one box only in this section)*:

- an individual or individuals (not on behalf of an organisation)
 on behalf of a group or organisation(s)

If you are an individual or individuals, the Ministry of Health will remove your personal details from your submission, and your name(s) will not be listed in the published summary of submissions, if you check the following box:

- I do not give permission for my personal details to be released.

Please indicate which sector(s) your submission represents

(you may tick more than one box in this section):

- | | |
|--|--|
| <input type="checkbox"/> Māori | <input type="checkbox"/> Regulatory authority |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> Consumer |
| <input type="checkbox"/> Asian | <input type="checkbox"/> District health board |
| <input type="checkbox"/> Education/training | <input type="checkbox"/> Local government |
| <input type="checkbox"/> Service provider | <input type="checkbox"/> Government |
| <input type="checkbox"/> Non-government organisation | <input type="checkbox"/> Pharmacy professional association |
| <input type="checkbox"/> Primary health organisation | <input type="checkbox"/> Other professional association |
| <input type="checkbox"/> Professional association | |
| <input type="checkbox"/> Academic/research | <input type="checkbox"/> Other <i>(please specify)</i> : |