




Community Based Pharmacy Services in Hawke's Bay Strategic Direction 2016-2020

August 2016

	<p>Community Based Pharmacy Services in Hawke's Bay Strategic Direction 2016-2020</p>
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THE VISION¹

People are at the centre of the Hawke's Bay health system. Pharmacy services, as an integrated component of a person, whānau and hapū-centred, collaborative model of care, will be delivered in innovative ways, across a broad range of settings, to ensure equitable access to medicines and healthcare services for all.

The unique and complementary skillset of pharmacists (and support staff), as medicines management experts, will be fully utilised in the Hawke's Bay healthcare team. The focus will be on the delivery of high quality care, supported by smart IT systems, that is responsive to the changing health needs of the people of Hawke's Bay and empowers them to manage their own health and well-being better, as part of a one-team approach that supports people to live longer, but also spend more of that life in good health.

There will be:

- New models of care – new ways of delivering pharmacist / pharmacy services, supporting advanced practice
- Larger pharmacies for scale and to maximise IT, technology and the availability of pharmacists for advanced practice
- A range of pharmacy models and sizes to support different ways of working to support local communities and priority populations
- New contracting models supporting the delivery of advanced practice outside of the traditional 'bricks and mortar' pharmacies
- New models for utilising support staff (Pharmacy Technicians and Pharmacy Assistants) streamlining the way pharmacy works with everyone working higher in their scope of practice
- Pharmacies to support priority populations,² including in Central Hawke's Bay, Flaxmere, Maraenui and Wairoa
- Enhanced team work with primary care, supported by IT with a shared view of the patient's health record
- Under the Hawke's Bay 13-17 Year Old Primary Care Zero Rated Subsidy programme eligible patients will receive free subsidised medicines (no prescription charges).

¹ Adapted from - Ministry of Health. Pharmacy Action Plan 2016-2020, Wellington, 2016.

² Priority population groups = Māori, Pacifica and our most socioeconomic deprived people living in New Zealand Deprivation Index areas quintiles 4 and 5 (NZDep4&5).

Patients have told us that they want:

- Greater access to the Pharmacist
- To be able to easily identify the Pharmacist
- To not have to negotiate the retail side of community pharmacy to access the Pharmacist.

Patients want to be partners in their own care. Trust us to manage ourselves with your help. Empower people. (Consumer)

Pharmacists have told us that they want:

- An enhanced medicine management role. As the medicines management experts Pharmacists should be allowed to offer more medicine management roles to take greater advantage of their clinical pharmacy skills and accessibility to manage patients
- Increased face-to-face contact with patients
- A shared health record
- A financially viable and sustainable contracting model.

This strategy for Community Based Pharmacy Services in Hawke's Bay will ensure that:

1. Whilst recognising that pharmacists tend to be rule-bound and risk averse, we will push the boundaries from 'what is' to 'what could be'
2. Pharmacy will realise its potential to deliver medicines management services to the people of Hawke's Bay. We will develop pharmacists to do more. Pharmacists are qualified to do much more and are going to do much more as part of the health care team. We will develop a wider role for pharmacist in non-dispensing activities
3. Pharmacist will work with patients and the health care team to maximise the safe and effective use of medicines, contributing to the containment of the combined pharmaceutical budget
4. Opportunities for integration and changing professional relationships are dependent on inter-professional collaboration. This takes time³ and will have additional resource to accomplish alongside clinical work
5. Pharmacists will have an additional focus on brief interventions, self-care, medicines adherence, lifestyle modification and evidence based-based screening and intervention.
6. Community pharmacy services will be:
 - a. Patient centred
 - b. Safe
 - c. Of high quality
 - d. Efficient, utilising technology (e.g. robotics) and pharmacy technicians for the technical dispensing aspects of pharmacy services
 - e. Accessible
 - f. Comprehensive
 - g. Coordinated
 - h. Integrated within the wider health care team.
7. Community Pharmacy Services will be a key component of health and social care networks, interfacing effectively with other services such as District Nursing and the engAGE teams within the Healthcare Home.

SITUATION

Clinical Council requested that a strategy for Community Pharmacy Services development in Hawke's Bay (2014-2020) be established. This arose from a HBDHB Board (December 2013) request for an updated long term strategy 'for pharmacies and licencing' for Hawke's Bay. There were concerns over the number of community pharmacies in the Hawke's Bay region

³ Rosen R. Transforming general practice: what are the levers for change? Nuffield Trust. June 2015.

and the potential HBDHB to restrict further community pharmacy services contracts. Since 2012 the National Community Pharmacy Agreement (CPSA) has been developing a new model with the sector that would develop clinical pharmacist services in the community. This paper describes a Hawke's Bay Community Pharmacy Strategy.

BACKGROUND

A prescribed medicine is the most frequent clinical intervention provided to patients. In the 2014/15 financial year 43.1 million prescription items were filled in New Zealand, with 3.5 million New Zealanders receiving funded medicines.⁴

Ensuring that medicines are used safely, that patients receive the maximum benefit from the correct medicines and that there is minimum wastage is more important than ever. This Community Pharmacy Strategy is committed to working in partnership across the health sector to ensure this vision is delivered for the people of Hawke's Bay.

This strategy will ensure that pharmacists develop their valuable role in meeting the everyday medicines health care needs of patients. This strategy will ensure that services offer better health access and health choice for patients by strengthening the contribution of pharmacists to the provision of high quality patient centred services.

Within this strategy, pharmacists will have 10 key roles:

1. Providing convenient access to prescription and other services
2. Advising patients and other health professionals on the safe and effective use of medicines
3. To be a point of first contact for health care services for people in the community
4. To provide medicines management services, especially for priority populations and for people with long term illnesses
5. To promote patient safety preventing, detecting and reporting adverse medicine reactions and medication errors
6. To contribute to seamless and safe medicines usage throughout the patient's journey
7. To support patients as partners in medicines taking
8. To prescribe medicines and monitor clinical outcomes
9. To be a public health resource and provide health promotion, health improvement and harm reduction services
10. To promote value for money in the safe use of medicines and reduce medicines wastage.

There is a great deal of activity at a national level that will impact on the strategic development of community pharmacy services in Hawke's Bay (see the Appendix 2 for detail on these programmes):

- The Partnership in Health 2020 Vision for Pharmacists and Doctors
- The recently updated NZ National Pharmacist Services Framework
- The Government's Implementing Medicines New Zealand 2015-2020 refresh
- New Zealand Health Strategy 2016-2026 review
 - New Zealand Health Strategy: Future direction
 - New Zealand Health Strategy: Roadmap of actions 2016
- The Pharmacy Action Plan 2016-2020.
- The ongoing national Community Pharmacy Service Agreement (CPSA) negotiations
- Alliancing (e.g. with the initiation of the Urgent Care SLAT)
- Health Hawke's Bay (HHB) 'alignment' with HB community pharmacy.

This developing strategy for Hawke's Bay aligns with these national initiatives and direction.

⁴ PHARMAC Annual Report 2014/15. Annual Report of Pharmaceutical Management Agency (PHARMAC) for the year ending 30 June 2015. E.59 Presented to the House of Representatives pursuant to Section 150(3) of the Crown Entities Act 2004

PRINCIPLES FOR THE DEVELOPING HAWKE'S BAY STRATEGY

In October 2003 HBDHB agreed seven foundation principles with local community pharmacists:

1. We see pharmacists as key members of the primary care team
2. Partnerships are the key to success
3. Information sharing will drive partnerships
4. Community pharmacy is a key access point into primary health care
5. The District Health Board, PHO and Community Pharmacy are committed to developing a vision for primary health care in Hawke's Bay
6. Funding mechanisms will need to be reviewed to align incentives towards medicine management
7. The pace of change must be in step with local capacity and capability.

These foundations principles are consistent with the ten national policies above.

Key enablers of the Hawke's Bay strategy include:

1. Information technology support – to support the sharing of information and better communication
 - Community pharmacist access to the Electronic Discharge Summaries (EDS) and laboratory results is being rolled out through Hawke's Bay
 - The New Zealand ePrescription Service (NZePS) is to be rolled out in Hawke's Bay in late 2016
 - The MediMap / Toniq 1Chart patient management systems being introduced into local residential care facilities. This links up the prescribing, dispensing and administration of medicines into pharmacy, general practice and residential care systems
 - The development of a medicines data repository (e.g. like those in MidCentral, CliniSafe; Northern Region, TestSafe; and Canterbury, HealthOne) as a source of patients' dispensed medicines history. In the next five years "My List of Medicines" will provide a single, accurate, shared and complete list of a patient's medicines including pharmacist-only medicines, plus diagnosis, adverse reaction and allergies information.
2. Funding mechanisms will be reviewed to align incentives away from a transactional product-centred model towards a health services orientated model (with recognition of patient centred care, medicines management and cognitive pharmacy services). Funding mechanisms will be developed that are financially and professionally sustainable, not dependent (propped up) by the provision of other pharmacy services (e.g. retail activities).

This work has commenced through the national CPSA process but needs to be refocused to maximise incentives and leverage.

It is recognised that it takes time for providers to learn new ways of working and to implement changes that will deliver efficiencies in the longer term. It is intended that financial risk will be introduced gradually to avoid organisational failure.⁵

3. **Workforce**

To provide advanced practice / enhanced pharmacist services pharmacists need to be freed up from technical responsibilities to more direct patient contact. To enable this pharmacy support staff (Pharmacy Technicians and Pharmacy Assistants) will need to be

⁵ Rosen R. Transforming general practice: what are the levers for change? Nuffield Trust. June 2015.

developed to work at 'top of their scope'. The recently introduced Pharmacy Accuracy Checking Technician (PACT) scheme is one approach to achieve this.

The DHB and PHO will support pharmacists' development, upskilling, leadership and culture change needed to give effect to the new ways of working and business models to provide more direct patient contact and enhanced pharmacist services.

ASSESSMENT

The national landscape and direction of travel will become clearer within the next 12 months. National activity will create an opportunity for a change in direction and focus.

The developing strategy for HBDHB will be consistent with national strategies that are already in place or are under development. The strategy for Community Pharmacy Services in Hawke's Bay will complement the CPSA-2017 (Community Pharmacy Services Agreement timetabled for implementation in July 2017) with local implementation of services if appropriate.

In developing the strategy for Community Pharmacy Services in Hawke's Bay we will deliver on the New Zealand triple aim:

- Improved health and equity for all populations
- Improved quality, safety and experience of care
- Best value for public health system resources

The strategy will be consistent with:

- National policy, including the principles of:
 - Living well in healthy communities
 - A great start for children and families
 - Partnering with people
 - Working together in a high-trust public system
 - Building leaders and capability for the future
 - Fostering and spreading innovation and quality improvement
 - Best use of technology and information
- Hawke's Bay health sector's vision and values
- Hawke's Bay health sector's *Quality Improvement and Safety Framework*
- Hawke's Bay health sector's development of local health networks.⁶ In particular the community pharmacy strategy must support the delivery of local community based services which reflect these principles:
 - Equity based care, treating greatest need first - helping to eliminate health inequity from Hawke's Bay
 - Do no harm
 - Do no more than is necessary to achieve the desired outcomes
 - Choose the most prudent care, openly together with the patient
 - Consistently apply evidence based and knowledge based clinical practice
 - Staff working to co-create health with the public, patients and partners
 - Make services more accessible
 - Make services more appropriate to the patient
 - Facilitate closer working between community based and hospital services, ensuring that patients receive a smooth and safe transition from hospital services to community based services and vice versa
 - Keep people out of hospital
 - Support the development of advanced practice.



⁶ A Guide to Implementing the Hawke's Bay Primary and Community Strategic Framework 2015.

A series of enhanced patient-centric pharmacist services will be supported. This includes, but is not limited to, the following (See Appendix 1 for definitions):

- Triaging and funded Minor Ailments Scheme
- Health promotion and screening
- Immunisation by pharmacists
- Long Term Conditions (LTC)
- Medicines Use Review (MUR) e.g. in residential care facilities
- Community Pharmacy Anticoagulation Service (CPAMS) and similar services that optimise specific medicines where these medicines are targeted for optimisation, guided by defined testing/assessment criteria and standing orders as appropriate, e.g. the management of gout through the adjustment of allopurinol against point-of-care uric acid testing.
- Medicines Therapy Assessment (MTA)
- Comprehensive Medicines Management (CMM)
- Pharmacist prescribers

Whilst retaining traditional services

- Medicines supply & dispensing
- Medicines advice and counselling
- Over the counter medicines provision

These services are illustrated in Figures 1 as wrap-round services and Figure 2 as a hierarchy of pharmacist services provided with increasing complexity of care.

Some of these services will be directed at a person's need using eligibility criteria to ensure priority populations are targeted.

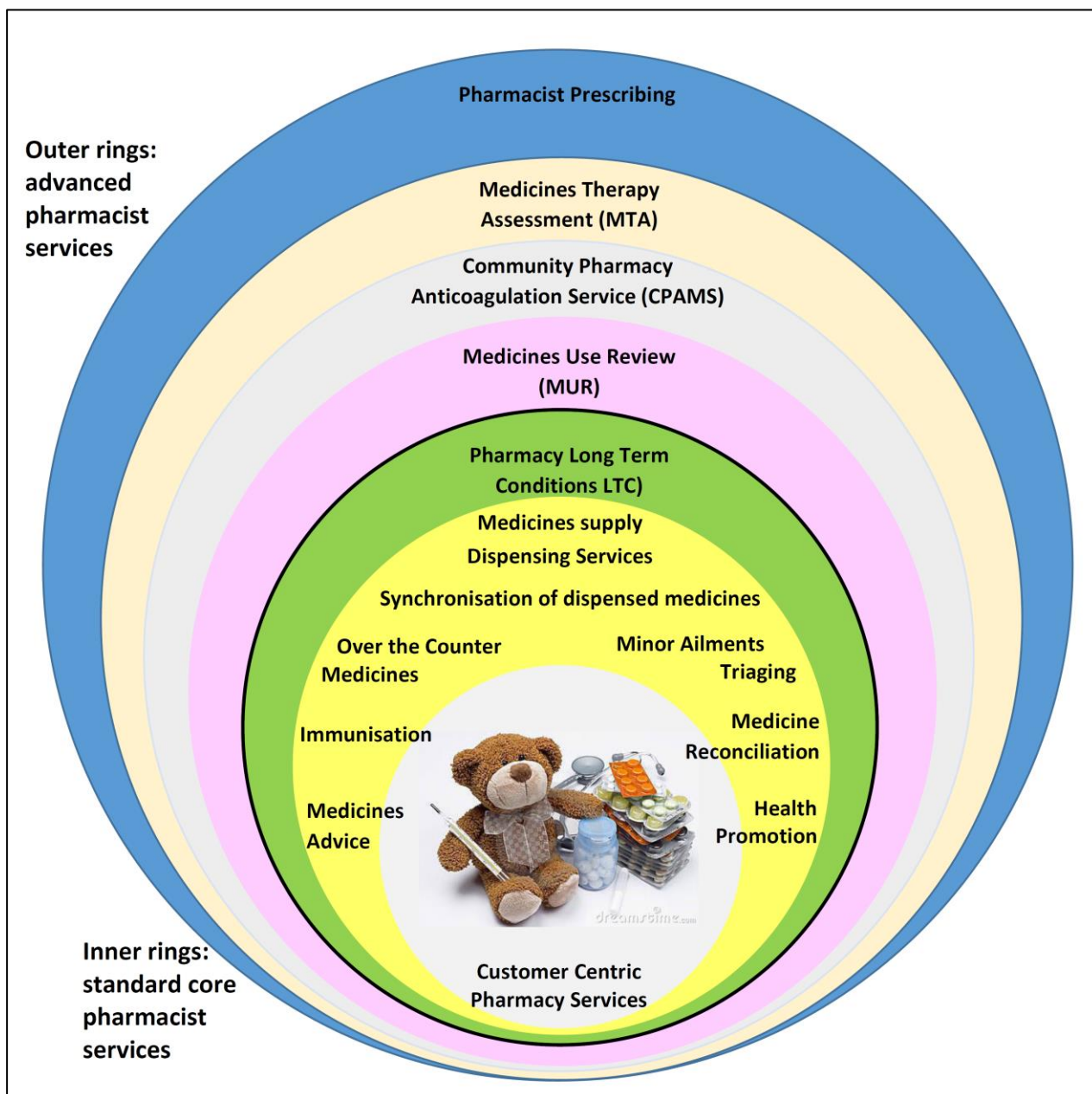


Figure 1. Pharmacists wrap-round services

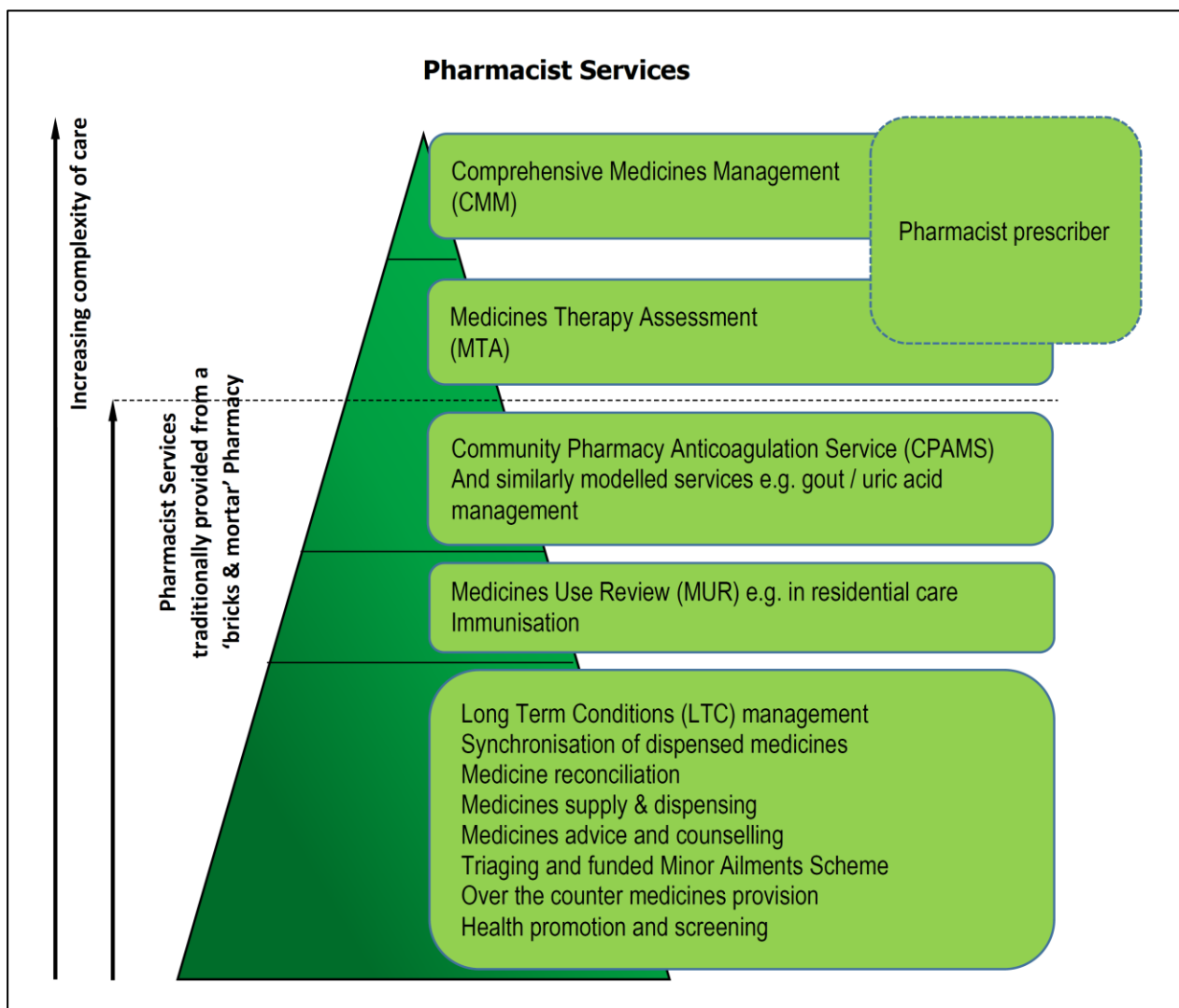


Figure 2. Hierarchy of pharmacist services with increasing complexity of care

These enhanced patient-centric pharmacist services will support the principles of the Hawke's Bay Primary and Community Strategic Framework as indicated below:

Principle	Indicative community pharmacy services to support the principle ⁷
Equity based care, treating greatest need first	
Do no harm	Core pharmacy service including <ul style="list-style-type: none"> • Managing and supporting the safe use of medicines • Assisting with patients' self-management of complex medicine regimens • Medicine reconciliation (establishing patients' actual treatment regimen at points of transfer of care) • Medicine interaction and allergy checking
Do no more than is necessary to achieve the desired outcomes	<ul style="list-style-type: none"> • Contributing to the containment of the HB combined pharmaceutical budget
Choose the most prudent care, openly together with the patient	<ul style="list-style-type: none"> • Health promotion and preventative services – advice on self-care, personal health and health promotion • Medicines Use Review (MUR) (assisting with adherence) • Medicines Therapy Assessment (MTA)
Consistently apply evidence based and knowledge based clinical practice	<ul style="list-style-type: none"> • Medicines Therapy Assessment (MTA) • Community Pharmacy Anticoagulation Management Service (CPAMS)
Staff working to co-create health with the public, patients and partners	<ul style="list-style-type: none"> • Participation in Alliancing • Local clinical pathway development
Make services more accessible	<ul style="list-style-type: none"> • Community Pharmacy Anticoagulation Management Service (CPAMS) • Vaccinations • Minor ailments service • Community Pharmacy Gout Management Service
Make services more appropriate to the patient	<ul style="list-style-type: none"> • Triaging and minor ailments service • Community Pharmacy Anticoagulation Management Service (CPAMS) • Community Pharmacy Gout Management Service • Immunisations
Facilitate closer working between community based and hospital services, ensuring that patients receive a smooth and safe transition from hospital services to community based services and vice versa	<ul style="list-style-type: none"> • Medicine reconciliation • Provision of patients' medicine history on admission to hospital (to facilitate in hospital medicine reconciliation)
Keep people out of hospital	<ul style="list-style-type: none"> • Medicines Adherence Services in Community Pharmacy • Minor ailments service • Medicines Use Review (MUR)

⁷ Pharmacist services are described in detail in the New Zealand National Pharmacist Services Framework 2014. Pharmaceutical Society of New Zealand.

Principle	Indicative community pharmacy services to support the principle ⁷
	<ul style="list-style-type: none"> • Medicines Therapy Assessment (MTA) • Comprehensive Medicine Management (CMM)
Support the development of advanced practice	<ul style="list-style-type: none"> • Community Pharmacy Anticoagulation Management Service (CPAMS) • Community Pharmacy Gout Management Service • Medicines Therapy Assessment (MTA) • Comprehensive Medicine Management (CMM) • Pharmacist prescribers

RECOMMENDATIONS

1. To work with the national Community Pharmacy Services Agreement (CPSA) programme and the Pharmaceutical Society of New Zealand (PSNZ) to develop quality standards for community pharmacy services to ensure high quality care, value for money patient, whānau and hapū-centred services that respect culture and privacy.
2. A phased approach is to be taken:

Phase One (2016-2017)

- Develop effective partnerships working with other key services such as District Nursing and engAGE
- Implement the New Zealand ePrescription Service (NZePS) across Hawke's Bay (Hawke's Bay is an early adopter site)
- Provide access to electronic discharge summaries and laboratory results to Hawke's Bay community pharmacists
- Introduce the MediMap / Toniq 1Chart patient management systems into Hawke's Bay residential facilities
- Further roll out Medicine Use Review (MUR) services
- Further roll out the Community Pharmacy Anticoagulation Management Service (CPAMS)
- Further roll out Clinical Pharmacist Facilitation across Hawke's Bay
- Closer working with Health Hawke's Bay PHO with governance and service development

Phase Two (2017-2019)

- Align Hawke's Bay's community pharmacy strategy with the Minister's Pharmacy Action Plan
- Integration of Community Pharmacy within health and social care networks
- Better partnerships and communication between pharmacists and doctors
- Community pharmacists are full partners at the Alliancing table
- The introduction of an electronic medicines data repository (e.g. CliniSafe)
- Introduction of a formalised triage of minor ailments with access to a funded minor ailments scheme or referral on to their GP / other, thus assisting with acute demand management and supporting self-care
- Development of advanced practice for community pharmacists, e.g. MUR, MTA
- More Pharmacist Prescribers
- To explore the appetite for restricting market entry by new community pharmacies into the Hawke's Bay region through minimum quality standards, to ensure high quality

community pharmacy services.⁸ To investigate the development of a quality framework to ensure safe, value for money, patient-centric service delivery. These standards could include having an appropriate number of pharmacists per pharmacy to encourage enhanced pharmacist services, and appropriate facilities considerations such as private consulting rooms, hearing aid induction loops or wheel chair access. Such quality standards would complement and enhance the existing Pharmacy Service Standards, Medicines Control Audits and Ministry of Health pharmacy licencing.

- Sustainable funding streams for community pharmacy, within the Community Pharmacy Services Agreement (CPSA) framework and local independent funding pathways

Phase Three (2019-2020)

- Working together in the broader healthcare team, One Team, across health and social care networks to ensure that there is no fragmentation of patient care
- Working with people as health navigators and helping to improve health literacy to support timely access to health services
- Further automation of pharmacies operation activities
- The introduction of ePrescribing into the hospital system to interface with the NZePS

Community based pharmacy services will add value to the Hawke's Bay health system providing a greater contribution to the vision of a Healthy Hawke's Bay – te hauora o te matau-ā-māui

⁸ DHBs are prohibited under the Commerce Act from using their market power as purchasers for an anti-competitive purpose. Hence, it would be illegal for a DHB to deny entry by a new pharmacy by withholding from it a community pharmacy services agreement (CPSA), for the purpose of protecting the competitive position of existing providers.

Appendix 1 - Glossary

CPAMS	<p>Community Pharmacy Anti-Coagulation Management Service</p> <p>The CPAM Service manages patients on warfarin. Patients' INR (a measure of the degree of blood clotting) is measured using point-of-care testing by accredited community pharmacists. Following a finger prick sample of blood analysed in a machine to determine the INR result, the pharmacist adjusts the next dose of warfarin according to agreed Standing Orders and an approved on-line computer decision-support system which calculates the dose and date of the next test.</p> <p>The test result is available within minutes and the patient receives printed treatment advice immediately on the dose they should take. The GP is automatically informed of each test and the recommended dose.</p> <p>Reference:</p> <ol style="list-style-type: none">1. Harper P, Harper J and Hill C. An audit of anticoagulant management to assess anticoagulant control using decision support software. <i>BMJ Open</i> 2014; 4: e005864. doi:10.1136/bmjopen-2014-005864.
CPSA	<p>Community Pharmacy Services Agreement - the national contract for Community Pharmacy services.</p> <p>The CPSA is the contract between individual District Health Boards (DHB) and each individual pharmacy throughout New Zealand for the provision of pharmacy services. Introduced in July 2012, the CPSA reflected a shift to a patient centred pharmacy delivery model which encourages integration between health professionals has involved engagement and collaboration between community pharmacies, District Health Boards, PHARMAC and the wider health sector.</p>
CMM¹⁴	<p>Comprehensive Medicines Management</p> <p>A service to optimise the management of prescribed medications.</p> <p>An autonomous pharmacist integrated in the healthcare team providing support and advice on all matters related to the medication management of patients with complex clinical needs.</p> <p>May or may not include Pharmacist Prescriber Scope of Practice.</p>
Gout management service	<p>Where a patient's uric acid levels are measured using finger prick point-of-care testing, and in collaboration with the patients' general practitioners, under Standing Order, the pharmacist adjusts the patients' doses of allopurinol. This model is not yet proven; a proof of concept is being undertaken in Northland.</p>
LTC⁹	<p>Long Term Conditions</p> <p>Optimise supply and use of medications. The Community Pharmacy LTC Service is designed to support patients with identified medicine adherence issues (unintentional non-adherence, e.g. forgetfulness) become self-managing through the delivery of a pharmacist medicines management service. Patients must meet eligibility criteria to be registered in this service.</p> <p>Pharmacists assist in the focussed management of eligible patients to optimise the supply and use of prescribed medicines and to support adherence.</p>

⁹ Pharmaceutical Society of New Zealand. New Zealand National Pharmacist Services Framework. Pharmaceutical Society of New Zealand, Wellington, 2014.

Minor ailments service

The provision of funded pharmaceuticals to treat a range of common 'minor' illnesses without a prescription (e.g. for the treatment of head lice, emergency hormonal contraception [EHC], smoking cessation, diarrhoea, constipation, acne). The service effectively supports the management of unscheduled care and helps keep patients out of hospital and general practice.

References:

1. Tranter B and Davis M. Maximising fresh opportunities through prudent pharmaceutical care. Welsh Government. 2015.
2. The Scottish Government. The New NHS Minor Ailment Service at Your Community Pharmacy. <http://www.gov.scot/Publications/2006/06/26102829/1>.

MUR¹⁴**Medicines Use Review**

MUR is a comprehensive, systematic, evaluation of a patient's understanding of and adherence to prescribed medication treatment.

The Pharmacist aims to improve understanding of and adherence to medicines; identifying and addressing factors linked to non-adherence behaviours as well as minimising pharmaceutical waste.

MUR addresses intentional non-adherence. Interventions are longer and more complex than LTC addressing a person's values and beliefs in medicines and health literacy.

MTA¹⁴**Medicines Therapy Assessment**

Used to optimise medication efficacy, MTA is 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.

References:

1. Love T and Gullery C. Pharmacist Medicines Management Review Services. A case for Medicines Use Review (MUR) and Medicines Therapy Assessment. Pharmaceutical Society of New Zealand.
2. The Sapere Report. Love T and Wright C. Impact of Medicine Therapy Assessment. Pharmaceutical Society of New Zealand. 5 December 2013.

Appendix 2

National activity that informs the strategy for Community Based Pharmacy Services in Hawke's Bay 2016-2020

1. Vision 2020 - Partnership in Care - Pharmacists and Doctors Working Together

https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=86&File=Partnershipforcare2020PharmacistandDoctorsworkingtogether2014VisionPrinter.pdf

- An agreement between the NZ Medical Association (NZMA) and the Pharmaceutical Society of New Zealand (PSNZ).
- Provides a framework for better communication between the professional bodies and working together.
- Provides six vision areas for which the professions will identify five-year objectives and goals:
 1. The Patient's Healthcare Journey
 2. Health Professional Roles
 3. A Shared Working Environment
 4. Services
 5. Professional Competence and Ethics
 6. Payment Arrangements for Services
- The objectives and goals are to be agreed and implemented between 2015 and 2020.

2. The NZ National Pharmacist Services Framework

https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=86&File=PSNZPharmacistServicesFramework2014FINAL.pdf

- Initially developed in 2007 by District Health Boards NZ (DHBNZ) with review and ownership handed over to the Pharmaceutical Society of NZ (PSNZ).
- Provides detail on the structure and aims of the services available from pharmacists to improve patient care and outcomes; including medicines use review (MUR), Medicines Therapy Assessment (MTA), comprehensive medicines management (CMM), Community Pharmacy Anti-Coagulation Management (CPAM), a framework for new services and evidence based hospital pharmacist services.
- This document services to describe the opportunities available for the profession to meet the objectives of the Medicines Strategy.

3. Implementing Medicines New Zealand 2015-2020

<http://www.health.govt.nz/publication/implementing-medicines-new-zealand-2015-2020>

- The third refresh of the action plan supports the New Zealand Medicines Strategy, *Medicines New Zealand* (December 2007).
- Shows what can and will be done to deliver *Medicines New Zealand* outcomes.
- The three core outcomes for the medicines system as set out in the Strategy are:
 - access
 - optimal use
 - quality, safety and efficacy
- Implementing Medicines New Zealand is about the changes required to deliver on Medicines New Zealand. This action plan supports the achievement of the Strategy's outcomes by:
 - making the most of every point of care
 - enabling shared care through an integrated health care team
 - optimal use of antimicrobials
 - 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
- This will be done by harnessing the collective efforts of all health professionals, including those working in community organisations, primary health care, pharmacies, hospitals, rest homes and end-of-life care.

4. The Pharmacy Action Plan 2016-2020

<https://www.health.govt.nz/system/files/documents/publications/pharmacy-action-plan-2016-to-2020.pdf>

- The Pharmacy Action Plan was driven by the need to provide sustainable, high-quality pharmacist services in a complex and evolving environment. It emphasises the need for integration as well as coherence so that all are clear on the role they have to play in making this desired future a reality.
- The Pharmacy Action Plan is divided into four 'focus areas' and four 'enablers'.

Focus areas

1. Population and personal health has a people powered focus. Pharmacists will provide public health interventions that support people to manage and have the best health and wellbeing throughout their lives, and to easily access support close to their home. For example, pharmacists contributing to screening for and reduction of diabetes and obesity and improved population health literacy.
2. Medicines management services see pharmacists providing value and high performance: pharmacists will work collaboratively as part of an integrated team contributing to better health outcomes through the delivery of a comprehensive range of medicines management services. For example, mobile pharmacist services improving medicines adherence and pharmacists working in general practice teams to address polypharmacy.
3. Minor ailments and referral sees services being delivered closer to home: people will have equitable and timely access to self-care advice, treatment of minor ailments, acute demand triage and appropriate referral to enable early intervention and disease prevention. For example emergency department triage services and community based minor ailment services for priority populations.
4. Dispensing and supply services: more effective use of the pharmacist workforce and smart systems will see the reconfiguration of the dispensing process ensuring an accessible, sustainable and efficient medicines supply chain. Optimal use of smart systems will ensure timely and equitable access to these services for all New Zealanders wherever they live. For example, checking technicians making pharmacists more accessible to New Zealanders and greater use of electronic prescribing systems in aged care to reduce waste and provide more integrated services.

Key Enablers

1. Leadership is a key component of our one team vision: a cohesive team approach to leadership is needed within the pharmacy profession and across the health and disability sector. The way forward requires all to think and act differently, to clarify leadership roles and look to how interactions with others happen to focus efforts to improve the system. Active partnerships with people and communities are needed at all levels.
2. Smart systems: technology will be easy to access and contribute to improved health outcomes. The actions here are critical enablers, strongly align with the National IT strategy and see a high-performing system that people have confidence in.
3. Workforce: the capacity and skills of the existing pharmacist workforce will be fully utilised while growing future capability to deliver a wider range of integrated services in a wider range of settings. Culturally competent practice is key, in particular acknowledging the special relationship and commitment to partnership, protection and participation with Maori under the Treaty of Waitangi.

4. **Regulation:** a robust regulatory regime is a prerequisite for delivering high-quality integrated health services to people that are safe and effective. To achieve this vision the government is ensuring that the law enables rather than hinders this desired future direction.

5. New Zealand Health Strategy

New Zealand Health Strategy was refreshed in April 2016. The Strategy provides the overarching framework within which the Community Based Pharmacy Services in Hawke's Bay 2016-2020 strategy must function.

The Strategy has two parts.

- New Zealand Health Strategy: Future direction
http://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-future-direction-apr16_1.pdf
- New Zealand Health Strategy: Roadmap of actions 2016
http://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-roadmap-of-actions-2016-apr16_1.pdf

The Strategy has five themes:

- People powered – understanding people's needs and wants, partnering with them, improving their health literacy, supporting people to navigate the system and encouraging and empowering them to manage their own health and wellbeing.
- Closer to home – the right services, delivered closer to where people live, learn, work and play and a focus on wellness and prevention of long-term conditions.
- Value and high performance – focusing on improved performance and outcomes, transparent use of information, strong performance measurement, striving for equity of health outcomes, integrated operating models and the use of investment approaches to address complex health and social issues.
- One team – operating as a team in a high-trust system, making the best use of our workforce, leadership and talent development and strengthening the roles of people, families, whanau and communities.
- Smart system – information being reliable, data and smart information improving evidence based decisions, standardised technology allowing us to easily make efficient changes and being able to take advantage of opportunities that new and emerging technologies present.



6. Community Pharmacy Service Agreement (CPSA) Negotiations

- DHBs CPSA (contract) with individual community pharmacies for the provision of pharmaceutical services to the DHB population.
- The CPSA is a national agreement, implemented nationally.
- In 2012 there was a paradigm shift in the contract negotiations with a move away from fee for service, medicine supply to patient centric services (e.g. medicines adherence management).
- The contract has not yet achieved its end goal so further development is required. To allow this to occur the existing contract is to be rolled over for another 12 months, though a contract extension. It is a one-year extension with provision for an additional 'up to' 12 months should this be needed to accommodate time for the next CPSA to be ready, as we all recognise that more time is needed to develop this.

7. Alliancing (with the initiation of the Urgent Care SLAT)

- DHBs have made a commitment to community pharmacy to be included 'round the Alliancing table'.
- Hawke's Bay's Alliancing model does not fit the standard Ministry envisioned model.
- In Hawke's Bay pharmacy has been involved in 'alliancing (albeit to a limited extent) through Clinical Council (Chief Pharmacist), clinical pathway development and the Urgent Care Stakeholder Group (a Service Level Alliance Team [SLAT]).
- Further work is planned to include community pharmacy in local governance and service development.

8. Community Pharmacy's Relationship with Health Hawke's Bay PHO

- Health Hawke's Bay (HHB) has recently appointed a community pharmacist advisor to their Clinical Advisory and Governance Committee.
- This clinical governance role provides an opportunity for community pharmacy to work more closely with general practice through the PHO.

Appendix 3

Feedback Received

We appreciate all of the feedback that we received and acknowledge the time people took to respond. We received feedback through five submissions.

All feedback supports the general intention of the proposal. Submitters mentioned the gaps between the current state and the vision of the strategic direction. The following themes were raised in relation to this proposal:

Theme	Comment
Challenged the current CPSA contract as having cost control as the underlying principle. Also commented that current contract model has been a barrier to innovative change.	Hawke's Bay DHB acknowledges that funding model will need to change.
Community Pharmacist Facilitators are funded through community pharmacy budget.	Community Pharmacists Facilitators are not funded through CPSA budget. Hawke's Bay DHB invested new money for these services.
Pointed out the role and the benefits of having small size pharmacies. There were also views on having consolidated bigger pharmacies.	Hawke's Bay DHB notes that one size does not fit all and would support having flexible sizes of local pharmacies. To meet the needs of our population in the future there will be a need for pharmacists to have a greater role in community teams.
Commented on new and innovative community pharmacy services already offered by other DHBs.	Hawke's Bay DHB will review these new and innovative solutions that are already in place at other DHBs and implement these locally where possible.
Questioned whether Hawke's Bay would consider introducing the following services with adequate funding: <ul style="list-style-type: none"> • Minor ailments services, • Smoking cessation nicotine replacement therapy, • ECP, and • Gout management. 	Currently, there are barriers to introducing number of these services. To ensure Hawke's Bay populations getting the required services Hawke's Bay DHB is committed to work towards eliminating these barriers.
Called attention to the limited relationship between the community pharmacies, DHB and the primary care organisations. There was a suggestion for community pharmacy engagement and representation on DHB/Alliance governance and service development groups.	Hawke's Bay DHB support community pharmacy working as one team in the health sector.
Criticised community pharmacies as disjointed and adversarial at present. There is no representative body for community pharmacy in Hawke's Bay.	Hawke's Bay DHB is supportive of having a local community pharmacy representative body.
Commended Phase Three of the recommendations which is light in detail and suggested wide consultation and discussion during this phase.	Noted. Hawke's Bay DHB acknowledges further work is needed and planning on working with the sector to further develop this phase.
Asked to consider adding strategies for how community based pharmacy services will focus on health outcomes and support the priority populations of Hawke's Bay DHB.	Noted and Hawke's Bay DHB will work with the sector to develop outcome based services with key focus in priority populations.