



PHARMACEUTICAL SOCIETY
of New Zealand Incorporated

2 November 2015

Chris Peck
Strategic Development Adviser
PHARMAC
Wellington
via email: chris.peck@pharmac.govt.nz

Dear Chris

RE: Improving access to medicines and devices in primary care

Thank you for the opportunity to submit comments to Pharmac's Discussion Document "Improving access to medicines and devices in primary care".

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 3,000 pharmacists, from all sectors of pharmacy practice. We provide to pharmacists professional support and representation, training for continuing professional development, and assistance to enable them to deliver to all New Zealanders the best pharmaceutical practice and professional services in relation to medicines. The Society focuses on the important role pharmacists have in medicines management and in the safe and quality use of medicines

The background to the document states that there are parts of the vaccines system that Pharmac believes work well, however "*there are some areas we can improve to maximise health outcomes for patients*". The document also acknowledges the role of general practice in administering medicines to patients in the community (noting vaccines, zoledronic acid and antibiotic infusions), although "*access to the medicines and devices they need to do this is not always straightforward*". An anecdotal example is then presented where patients collect "the medicine" from a pharmacy before returning to their GP for administration.

The document then begins to present a 'purchase and claim' model as a potential solution to this "problem" along with the "main reason" to "*align with the way medicines and devices are made available to community pharmacies and DHB hospitals*". The document explains an initial proposal related to the supply of vaccines as a "first step", but also relates to other medicines and medical devices.

The Society believes the discussion document has failed to present a clear explanation of the "problem" that a new 'purchase and claim model' is trying to resolve. The only reasons that appear to be presented are unspecified "areas" to improve, the example of patients collecting medicines for administration from a pharmacy and an alignment of supply of medicines and devices.

The presentation of vaccines along with zoledronic acid and antibiotic infusions highlights a unique area where the distribution chain supplies the medicine to a clinician for administration to the patient - as opposed to a dispensed medicine which is supplied to the patient (or carer) to self-administer.

THE PROFESSIONAL VOICE OF PHARMACY

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Pharmac are proposing that general practices be allowed to purchase and claim for these medicines and devices, when an effective distribution system already operates that allows general practices to focus on the administration to, and management of, the patient. We can see significant financial and administrative costs to practices in setting up stock management processes, particularly a potentially significant increase in storage and monitoring requirements as required by regulations and best practice standards.

The discussion document states the proposed 'purchase and claim' mechanism would sit alongside the existing PSO supply mechanism. The Society would argue why a new mechanism, with its own administrative burden, must be created when the existing PSO mechanism could be refined and enhanced. Another system would create duplication and confusion around which system should be employed. We can see no convincing reason how general practices taking on such a system provides improvements to health outcomes, or indeed how this provides "care closer to home". From a patient perspective, the proposed system doesn't change where the medicines are being administered from, they are only concerned with the medicine being available to be given – not how it got there.

If Pharmac seeks to improve the system for the supply of medicines to general practices, The Society contends that there are a number of benefits in refining or enhancing the PSO process for the supply of medicines from pharmacies to general practices. Most notably are the patient safety factors in having experts in the clinical and pharmaceutical management of medicines already ensuring that stock is stored and supplied within regulations and best practice. Going through a dispensing or repacking process for some medicines means that general practices do not have to manage stock-holding of the large pack sizes that must be broken down for individual use. In saying this, The Society stresses that Pharmac must address the funding of appropriate pack sizes of medicines, so there are no costs imposed on pharmacies for simply meeting the prescribed treatment need of a patient.

If Pharmac are concerned with patients collecting medicines from pharmacies for general practices to administer, then the medicines that this applies to should be accommodated by the PSO process, whereby medicines can be supplied on demand to the practice by a pharmacy. We expect there will always be situations where the practice may be out of stock of a particular medicine for an unscheduled patient presentation. However, a more refined PSO process can reduce any potential barriers to this. As would directly funding pharmacist vaccinators to administer those vaccines they are permitted to give, rather than patients having to fit in with scheduling appointments in a general practice.

The discussion document presents medicines that are required for administration directly to a patient, the desire to remove barriers and bring "care closer to home". The Society believes Pharmac should consider existing issues in the wider health-system funding for the distribution and supply of related medicines that would meet this aspiration. As opposed to the focus on an aspect of funding and distribution that largely works, Pharmac could address the existing barriers to supply or administration that have direct effects on patients. The preparation of syringe drivers, spacers for respiratory medicines, nebulisers, the preparation of injectable medicines for oral administration, and injectable medicines for nasal administration (eg. midazolam). These examples all highlight areas where there are gaps in the funding of the medicine or the health service in making the medicine available for administration – in terms of which part of the health system funds which aspect.

Any potential financial benefits to the health-system in the proposed funding mechanisms are difficult to fully evaluate, when the costs and benefits presented are clouded by the nondisclosure of rebates and knowledge of the true net cost of medicines to Pharmac. The Society does see new financial and administrative costs being imposed to general practices should this mechanism be implemented, and shifting costs of managing the distribution of medicines to health providers does not support an efficient health-system.

In conclusion, The Society does not see a clear argument why a 'purchase and claim' approach for vaccines and other medicines and devices in primary care is required, which problems such a mechanism intends to resolve, or how health outcomes for patients would be improved. The financial and administrative costs in managing and holding stock that would be imposed on practices would be considerable, particularly considering pharmacies already provide this function. The Society believes that improvements could be found in the current system, potentially in refining the MPSO mechanism to facilitate the supply of medicines for administration in practices.

Thank you for consideration of this submission. We would be pleased to discuss this initiative more directly with Pharmac should the opportunity arise.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Bob Buckham', with a long horizontal flourish extending to the right.

Bob Buckham
Chief Pharmacist Advisor