



FEEDBACK ON THE PROPOSED NEW INTEGRATED PHARMACIST SERVICES IN THE COMMUNITY AGREEMENT

APRIL 2018

1

The Pharmaceutical Society of New Zealand Inc. (the Society) is the professional association representing over 3,700 pharmacists from all sectors of pharmacy practice. We provide pharmacists with professional support, representation, training for continuing professional development, integration frameworks tools, 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 and their teams have in medicines management and in the safe and quality use of medicines. The Society strongly supports the five key strategic themes of the New Zealand Health Strategy and the implementation of the Pharmacy Action Plan.

The Society's key recommendations are to:

- **Utilise the national frameworks developed by the Society as a template for future pharmacy service implementation**
- **Share any modelling, impact analysis and funding attached to the consultation with the pharmacy sector**
- **Include the Society in the contract negotiations relevant to workforce and professional development**
- **Facilitate the uptake of alliance contracting across all DHBs building on the success of this approach those who have implemented alliancing**
- **Ensure any proposed contract is consistent with current legislation and considers future legislative developments**
- **Provide linkages to pharmacy services in the contracts of other primary health care providers to enhance alignment and integration of services**
- **Review the title of the proposed contract to better reflect both pharmacy and pharmacist services.**
- **Work with the pharmacy sector to agree how Schedules 1 and 2 can be implemented without affecting patient safety.**

The Society acknowledges the need to change and develop professional roles and services in the community in order to deliver health services that meet the future needs of all patients and their whānau across the whole of New Zealand.

The Society has previously developed a sector agreed National Pharmacist Services Framework that describes a wide range of pharmacist roles and services, and includes guidance around delivering the standards of service.^[2] The Framework of Integrated Healthcare launched by the Society and New Zealand Medical Association last year was also developed to guide and enable the further development of pharmacist roles and services in an integrated manner.^[3] These tools should be used for the development of future pharmacist services in the community and primary care sector.



The Society would like to see feedback from the consultation examined in a collaborative manner by all parties so that any significant concerns can be addressed. To aid transparency and trust it will be beneficial if the DHB's share any data or impact analysis work that has been undertaken that informed the development of the proposed contract. If this work has not been undertaken it should be commissioned and the Society would like to see an immediate reset in negotiations to allow any new models to be developed, impact analyses to be undertaken and a combined implementation plan agreed. This will help rebuild a productive working relationship which ensures patient healthcare is at the centre of any pharmacist related service delivery. As the professional body responsible for professional workforce development the Society is willing to assist in the process of co-designing and implementation of services and can represent the profession in any forum where required.

Local commissioning of pharmacist services may improve the equity of outcomes for patients if specific services have been identified as beneficial for a local population. Several DHB's including Canterbury, Midland and Southern have already undertaken this approach through alliancing. To ensure transparency and equity it would be beneficial if DHB's commissioning local services provide regular updates to the pharmacy sector (and surrounding DHBs) on the outcomes of the services delivered. This will guide other DHB's exploring the establishment of services. The Society has standardised national service specification documents that will help with any developments.

Consistent and structured documentation around how pharmacists could apply to the DHB for locally commissioned services may be also beneficial. This will enable delivery of robust governance process and ensure there is a consistent approach across the country. The Society are happy to help the DHB's structure and share any future documentation with pharmacists, if appropriate.

The Society are aware that the draft Therapeutics Products Bill is likely to enable pharmacists and their teams to undertake new services that are currently restricted by the current legislation. Under the Medicines Regulations 1984; Section 40 prescriptions must be comply with specific legislative requirements. These are then dispensed to patients by authorised people under the Regulations. (Section 42). Under current legislation medicines cannot be supplied to patients pursuant to a prescription without being dispensed. The DHB's may wish to review this clause in their consultation with respect to Schedules 1 and 2. We recommend that ISPCA should be designed to work within the current legislation but that ongoing discussions also occur with the pharmacy profession and Ministry of Health. When the Therapeutics Products Bill becomes law the pharmacy profession will then be able make the most of new opportunities to deliver appropriate health services for patients and their whānau.



The proposed Integrated Pharmacist Services in the Community Agreement (IPSCA) has the potential to enable innovative roles for pharmacists in the future working both inside and outside traditional pharmacy service models to improve the health of New Zealanders. The proposal may also align pharmacists more closely with other healthcare providers, both in primary and in secondary care. Other providers have been asked to give feedback on IPSCA and we would expect the pharmacy sector to be consulted on the contracts of other providers, such as PHOs, as part of the One Team approach advocated in the New Zealand Health Strategy.

The Society supports the concept of an evergreen contract provided a robust annual review of services and funding can be agreed between the DHBs and the Pharmacy Representatives. The DHB's have suggested that Pharmacy may follow the same governance and negotiation process as those used with the PHO Services Agreement. This is a positive step forward but will require trust from all involved. DHB's have changed the name of the current contract from a service focus (pharmacy) contract to individual focused (pharmacist) contract. The Society are not aware of any other DHB contract of this size which is negotiated specifically with individual clinicians. Discussions around changing the title of the contract would be beneficial.

The Society understands the intent of Schedule 1 and Schedule 2 but the stance and application of the concept has to be further developed with all parties to ensure any of separation of medicine provision and advice will not cause a risk to public safety.

Our younger members have told us that job satisfaction in delivering high quality patient care, job security and appropriate remuneration are important factors for the workforce. New funding and aspirational service models are proposed in the IPSCA but, the size of the funding envelope and new funding that will potentially be invested in Pharmacy is not clear. A high level summary of potential funding will assist pharmacists understanding and also give reassurance to impact of the proposed agreement. The Society supports the concept of new models of service and pharmacists being employed in new ways. However, any changes should not detract from patient access through a nationally available network of community pharmacies. The personal relationships community pharmacists have with their patients are highly valued.

In summary, the Society would like IPSCA to move forward for the good of our patients, the New Zealand health system and the pharmacy profession. However the proposed agreement needs more work from DHBs and the Pharmacy sector. We strongly recommend negotiations resume as soon as possible.

References

1. [Pharmacy Workforce Demographic 2017](#): Pharmacy Council of NZ [cited 6 Apr 2018]
2. [New Zealand National Pharmacist Services Framework](#): 2014;PSNZ. [cited 6 Apr 2018]
3. [An Integrated Health Care Framework for Pharmacists and Doctors](#). 2017; PSNZ and NZMA [cited 6 Apr 2018]