



9 December 2021

Deborah Russell
Chairperson
Pae Ora Legislation Committee
Parliament
Wellington

Dear Deborah,

Submission on the Pae Ora (Healthy Futures) Bill

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 pharmacist's 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, the safe and quality use of medicines and supporting access to medicines in both primary and secondary care.

The Society are supportive of the proposed direction for the Pae Ora (Healthy Futures Bill), especially if through implementation, it delivers improved access and overall health outcomes for all New Zealanders, but more specifically for Māori and Pacific peoples alongside people with disabilities.

Health New Zealand

The Society supports the formation of Health New Zealand (HNZ) under the Pae Ora Bill. [Section 12\(3\)](#) defines the knowledge, expertise and experience required when appointing members. Please can the Legislation Committee consider including current clinical or consumer expertise (or experience) as a requirement for appointment to the HNZ Board? The Society looks forward to seeing how HNZ evaluate the delivery and performance of funded services in accordance with [Section 14\(1\)\(m\)](#). Please can these results be published in the public domain, so everyone can to understand how the system reforms are performing against the required outcomes?

Māori Health Authority

The Society supports the formation of the Māori Health Authority (MHA) under the Pae Ora Bill. [Section 17\(2\)](#) of the proposed legislation states that the MHA is an **independent** statutory entity. The Society understands the intent, but the word "independent" does not appear to align with [Section 28\(1\)](#) of the Crown Entities Act 2004 or the information for statutory entities held by the Treasury. Please can the Legislation Committee review the wording of [Section 17\(2\)](#)? The Society supports the roles and functions of the MHA. Under [Section 29\(1\)](#) of the proposed legislation, the MHA appears have a strategic function ([Section 29\(1\)\(h\)](#)) and an operational function ([Section 29\(1\)\(b\)](#)). We would like to recommend that the proposed legislation contains a section to manage any conflict between these roles. [Section 23](#) describes the process for removal of members. To ensure a consistent approach we would like to recommend that a similar process is used for HNZ.

Key health documents

[Section 29\(1\)](#) describes the key documents required under the legislation, which we support. However, [Section \(29\)\(2\)](#) states that "this section is intended as a guide only". This implies that the documents defined under this subpart may not need to be produced. Please can the Legislation Committee review this clause, to ensure the key health documents are all established?

Government Policy Statement on Health (GPS)

The Society supports the proposal for the development of a GPS, which will set priorities for the health system and clear parameters of the NZ Health Plan. We are slightly concerned that it will not be issued for 2 years after commencement. This will then delay the NZ Health Plan, which also has a 3 year time frame. It may therefore be a total of 5 years before significant changes are seen across the system. Please can the Legislation Committee consider reducing the timing for implementation of the GPS or encourage a parallel development for the GPS and NZ Health Plan?

New Zealand Health Strategy

We would like to propose that [Section 37\(3\)](#) includes measurable outcomes as part of the strategy. This will ensure it demonstrates transparency and accountability around the proposed framework. We would also like to suggest that the NZ Health Strategy, is truly integrated with the Hauora Māori, Pacific Health and Disability Health Strategies to ensure they do not operate in isolation. We are supportive of workforce developments being included in the NZ Health Strategy, especially as the proposed legislation has removed a legislative Health Workforce Advisory Committee. The Society runs the Pharmacy Graduate Intern Programme, which is an apprenticeship following University study prior to registration and independent practice. We also provide accredited training to enable the upskilling of pharmacists in the workplace to provide more advanced pharmacy services. There is scope and opportunity to prioritise the skills of our profession to further improve patient outcomes. With increased skillsets and diverse work environments, the pharmacy profession can be a resource to deliver services to patients, especially recognising there is a shortage of doctors and other health professionals. As a result we would like to be actively involved in the workforce discussions to ensure the pharmacy workforce meets the needs of the new system.

New Zealand Health Plan

The Society supports the proposal for the development of a collaborative health plan between HNZ and MHA. This approach will also bring consistent thinking, identified funding and the desired improvements required. Pharmacy is not a specific health or government agency but significantly contributes to improving patient health outcomes. We would like to suggest that the inclusion of professional bodies who support practitioners delivering health services should be considered under the entities defined in [Section 44\(4\)\(b\)](#).

As the Legislation Committee are most probably aware, Pharmacy are also one of the most accessible healthcare providers for patients, which puts the profession in good position to help our most vulnerable populations. This was demonstrated during the current COVID-19 pandemic, as an essential healthcare service, which was open to provide healthcare and support during all COVID-19 Alert Levels. Pharmacists continued to step up significantly during this time to support the vaccination programme, caring for patients with COVID-19 in the community, vaccination passports and provision of Rapid Antigen Testing (RAT) kits for home and supporting patients in the pharmacy who wished for a supervised RAT.

Pharmacists are health care professionals who are trusted and accessed more frequently than other primary healthcare services and hence provide increased access to patients in all communities, including rural and low social economic parts of New Zealand. Unfortunately funding of these clinical services is inconsistent, which leads to inequity based on the current system. These services include:

- Medicine reconciliation and counselling.
- Womens health and reproductive support.
- Childhood conditions.
- Reviewing appropriateness of medication and ordering bloods for GP's (eg monitoring uric acid levels and uptitrating allopurinol dose accordingly for patients with Gout).
- Community Pharmacy Anticoagulant Monitoring. (CPAMS). Pharmacies should be able to provide anticoagulation monitoring to those patients who need this service.
- Asthma/COPD management in the community. Pharmacists can undertake a yearly review of patients in the community, check inhaler technique, provide advice and support and then give patients new spacers and refer back to the GP if issues.

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Locality Plans

The Society supports the proposed approach to the development of locality plans. We would like to suggest that HNZ consult with pharmacies within the local communities, so they can contribute to setting out the priority outcomes and services that will provide the most benefit for patients in their community, in accordance with [Section 49\(4\)\(a\)](#). Pharmacists can enable more patients to be provided with services that will keep them well, appropriately managed, and at home. This has longer-term benefits that reduces barriers and access to services which will also reduce admissions to Secondary Care. Pharmacists are recognised as a health professional that can and do work in partnership with GP's, Māori health providers, Mental health, Palliative care, hospice, hospitals to improve health outcomes for all. The Society would be more than happy to help facilitate any discussions, so local patient needs are identified and met.

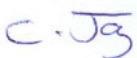
PHARMAC

The Society supports the inclusion of PHARMAC in the legislation. As the Legislation Select Committee are aware, the Government has commissioned [a review of PHARMAC](#), including access to medicines and devices for Māori and Pacific peoples. Please can the Legislation Committee consider the outcomes of the Governmental review in the context of the proposed legislation? The Society are also slightly concerned that the [Section 7\(1\)\(b\)](#) and [Section 7\(1\)\(c\)](#) of the draft Bill does not apply to PHARMAC and the performance of its functions (under [Section 7\(4\)](#)). This is likely to remove the requirement for the organisation to engage with Māori and other population groups, which is what the Governmental is trying to address with the new legislation.

The Society suggests that the Legislation Committee review these sections of the proposed Bill.

The Pharmaceutical Society would like to appear before the Committee to speak to this submission.

Yours sincerely,



Chris Jay
Manager Practice and Policy