

Mōrena

Whakataka te hau ki te uru

Whakataka te hau ki te tonga

Kia mākinakina ki uta

Kia mātaratara ki tai

E hī ake ana te atākura

He tio, he huka, he hauhu

Tihē Mauri Ora!

Tēna koutou katoa

Ko Taieri te awa

Ko Otepoti ahau

Ko Rhiannon tokoingoa

Welcome to you all:

I am Professor Rhiannon Braund, the President of the Pharmaceutical Society of New Zealand, and I have the honour of opening this hui.

It is a delight to see you all here together at PSNZs “Just Breathe” Symposium. This hui provides an opportunity to reconnect, recharge and reflect on the mahi that had occurred across the motu over the last few years.

I wanted to welcome the Honorable Dr Ayesha Verrall, the Minister of Health.

Minister, I will acknowledge you and your contributions more formally when I hand over to you for your address. I am personally glad to have you here with us, and I know that the pharmacy profession is welcoming of the challenges ahead to ensure equitable access to care. We look forward to hearing how we can best contribute in the transformational shifts across health in response to the vision articulated in the Pae Ora Act.

I wanted to open with one of my favourite whakatuki's:

He aha te mea nui o te ao

He tangata, he tangata, he tangata

What is the most important thing? It is people, it is people, it is people

We know that the care for people and communities is of paramount importance to us as a profession. The desire to keep our whanau, communities and colleagues safe is a significant motivator for pharmacists and pharmacy teams in all practice settings.

I look at all of you here today and am reminded of the mahi and the mahi tahi that was demonstrated during COVID and recently during the response to cyclone Gabrielle. Because of you, the expectations and opportunities for pharmacy will be forever changed.

The expectations of our people, our whanau, our communities, our clinical partners and funders have been forever elevated due to the ability of pharmacists to be responsive, resilient and provide solutions in situations that were difficult.

I know this was exhausting, and unfortunately it is not finished. As we reflect on successes and look towards a period of change in the health sector, the timeliness of this hui and its message “just breathe” seems pertinent.

This is simply a pause before we enter the new chapter of health and the increased contribution of pharmacists and pharmacy technicians to ensure timely, equitable access to care.

For those of you joining us for the full weekend, we have compiled a programme of expert speakers, trailblazers and an opportunity to reconnect with your pharmacy whanau.

For those of you joining us tonight for our gala awards, we have an evening of celebration. The awardees, including new Fellows, Gold medallists and the Pharmacist of the year recognise individuals who continue to inspire us in their determination to make things better.

While these award winners are exceptional, I know that these awards only reflect a small proportion of exceptional pharmacists across Aotearoa.

Many of these exceptional people may feel overlooked, but I want to reassure you that you are seen; your teams see what you do, your patients know how amazing you are and those

individuals and communities that we support know what a gift it is to have access to a trusted clinician close to home.

I have never been more proud to be a pharmacist. Like many of us, we reflect on the early days of COVID; the uncertainty was excruciating for many. Pharmacists turned up, kept the doors open, and ensured that patients could be safe and well at home, with medications they needed.

Supply disruptions were a frustration for pharmacists and patients, yet these were navigated. All of this community care was vital to protect the hospitals from what could have been overwhelming.

To the hospital pharmacists here, the unseen work sourcing medicines, reworking protocols, and modifications to work patterns and workflow were key to keeping those in hospital safe. I want to note the significant work pressures in the secondary care setting currently. We have seen an increased pharmacy presence in areas such as ED, using pharmacists' top of scope knowledge to support our clinical teams. However, as we come into winter, we know that there are more challenges ahead.

Today I want to reflect on success. The response to the vaccination challenge was phenomenal, and a testament to the ingenuity of the profession.

Several years ago myself and Drs Caroline Morris and Chloe Campbell wrote a paper titled "Beyond the 4 walls".

The paper was dedicated to the concept that community or hospital pharmacy was a physical base, but that care could be

delivered in other settings. In response to the need to increase the community access the COVID vaccination, pharmacists looked to the networks within their communities to organise vaccinations at the Marae, Church, or delivered via a motorhome.

The ability to engage with communities, iwi, other health providers and agencies to deliver what was needed was remarkable.

I particularly want to acknowledge Ngā Kaitiaki o te Puna Rongoā – The Māori pharmacists association. An innovative, dedicated team of amazing pharmacists who are all volunteers. Their initiation of the 0800 number for medicines support, their tireless community based initiatives and presence in their communities is outstanding. Ka pai.

This organisation does so much, and I personally want to thank Kevin and Mariana for their genuine, meaningful contribution to the PSNZ Exec. As many of you will be aware, the Society's constitution was formally changed to ensure a place at the table, with full partnership rights to the President of Ngā Kaitiaki o te Puna Rongoā. This relationship is a treasured taonga for us.

Nau te rourou, naku te rourou, ka ora te manuhiri

With your food basket and my food basket the people will thrive.

As we move into a new future and vision for health provision, I look forward to the new partnership models of care delivery, alongside access and equity enhancements. While many

clinicians were concerned at these reforms being initiated during the COVID response, the pressures placed on systems have forced a rapid evolution of care, that may not have been realised without such challenges.

The healthworkforce crisis both here and internationally has allowed a genuine move towards “top of scope”. While pharmacists full potential has yet to be realised, I look to the recent introduction of the “minor ailments” implementation in response to winter pressures, as a logical use of resources. Providing timely, appropriate and safe care, close to home, can only increase access and equity.

Minister - The patients and communities that we care for, thank you.

Yet, there is always more to do:

For a long time PSNZ has advocated to the office of the Minister of Health, that using GPs as a funding mechanism and not for their clinical ability is a poor use of a precious resource.

GPs should be seen when people are unwell and need the care that only a GP can provide. Where other professionals can provide that care, or when patients are well, there should be other options.

Unfortunately, one of the biggest barriers is not competence or scope, but funding pathways. If funding genuinely followed the patient, and the patient could access the appropriate level of care when needed; not only would many equity and access barriers be addressed, but the health workforce could be better utilised.

I see this in the developments of multidisciplinary primary care teams. While in some settings this may include a pharmacist located within a physical GP practice; more distributed care teams provide both the geographical reach, and the trusted shared care relationships.

The development of triage and referral pathways that meet the needs of patients and communities are vital to ensure care is delivered when and where it is needed.

Hospital level care should be reserved for those that need that level of clinical care, not those that cannot afford another option. Investment into primary care will generate better equitable health outcomes, reduce burden on the secondary care setting and save health dollars that can be invested into other areas of care.

Minister – I thank you for the wisdom shown in the recent universal co-pay removal. I know the longstanding work and considered policy considerations that lead to this change. I am grateful that pharmacists can continue to provide safe and appropriate access to medications in situations where this patient contribution was a barrier.

Minister - The patients and communities that we care for, thank you.

As I bring this welcome to a close, I want to address unity within the profession. Pharmacy's strength is not in its numbers, it is our ability to respond to changes in need; to be present, accessible and knowledgeable. No other profession has the dedicated expertise in the safe and appropriate use of

medications. No other profession is open in the locations and hours that pharmacy is.

We work across clinical disciplines, across levels of care and we work collaboratively to care for those who need us.

Without owners, employees, different practice settings, and different skills we cannot be a full and thriving profession.

While sub specialties within pharmacy create a group of likeminded individuals with a shared focus, the risk is that we lose sight of the bigger picture. We want all aspects of the profession to thrive.

We want business to be viable – you can't provide care if the pharmacy cannot remain open

We want employees to be fulfilled - to be paid as clinicians, and respected for the training, expertise and care that they provide

We want all practice settings to be successful - we cannot take from one practice setting without creating loss in another

We want all pharmacists to continue to learn new skills - not all of those need to be taught within a University, and not all of them need to be taught at once

Without a cohesive thriving profession filled with opportunities we will continue to lose from our workforce.

There is no point in training more pharmacists if we cannot provide the dynamic rewarding career that they want so that they can provide the care needed to their patients and communities.

You cannot teach experience. We need to continue to support our colleagues in their journeys, provide guidance and mentorship to continue to elevate the profession.

We need to remember that when all facets of the pharmacy profession thrive, our potential is limitless.

kotahi te aho ka whati;

ki te kāpuia e kore e whati

One strand of flax is easy to break, but many strands together will stand strong

He aha te mea nui o te ao

He tangata, he tangata, he tangata

What is the most important thing? It is people, it is people, it is people

This is why we need to be united. Our patients, communities and colleagues need us to be.

I am now delighted to introduce the Honorable Dr Ayesha Verrall, the Minister of Health.

Dr Verrall has achieved much in her term to date, and it does not do her justice to highlight only a few of these achievements;

I particularly wish to acknowledge her clear vision to increase access equity to medications, and utilising clinicians at the top of scope to provide care where it is needed.

Her leadership and vision during COVID in using pharmacy to provide care for their patients and communities, allowed

better access and outcomes for patients, and reduced care burden for other clinical colleagues.

The pharmacy profession believe that we have more to contribute to increased access and equity to medicines and care. We know there is more to do.

We look forward to hearing how we can best contribute in the transformational shifts across health in response to the vision articulated in the Pae Ora Act.

Can you please join me in welcoming the Minister of Health – Dr Ayesha Verrall.

Nau mai