

3 September 2014

Richard Townley
CEO
Pharmaceutical Society of New Zealand
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By email: r.townley@psnz.org.nz

New Zealand National Pharmacist Services Framework 2014

Dear Richard,

The New Zealand Medical Association understands that the Pharmaceutical Society of New Zealand is seeking “final comments” on the New Zealand National Pharmacist Services Framework 2014 before it is sent out to the wider sector “for acceptance”.

We acknowledge and welcome the removal of the proposed ‘minor ailment service’ from the final framework. However, the fundamental concerns expressed in our submission of 6 November 2013 (see appendix below) on the draft framework still remain. In particular, we strongly object to new and extended services (eg, the screening and intervention services on page 11) being included in this framework ahead of any formal proposal, consultation, evaluation and policy decision. We draw your attention to our submission of 6 November 2013 for further details.

We would be happy to discuss further with you the points we raised back in our original submission which we feel have not been adequately addressed in the final framework.

Yours sincerely



Dr Mark Peterson
NZMA Chair

Appendix: Submission of 6 November 2013 on Draft Framework

6 November 2013

Richard Townley
CEO
Pharmaceutical Society of New Zealand
PO Box 11640
Wellington 6142

By email: r.townley@psnz.org.nz

Dear Richard

Revised New Zealand National Pharmacist Services Framework

The New Zealand Medical Association (NZMA) welcomes the opportunity to provide feedback on the draft revision of the National Pharmacist Services Framework.

The NZMA is New Zealand's largest medical organisation and has a pan professional membership of more than 5,000 members. Our members come from all disciplines within the medical profession and include specialists, general practitioners, doctors-in-training and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

The NZMA recognises the value of nationally consistent service specifications to guide the purchasing of pharmacist services. We are however concerned that this document includes proposed new services that are "under development".

While it may be appropriate to include new services that have been evaluated and agreed, we do not believe that this document is the appropriate mechanism for introducing new services that have yet to be examined and involve significant changes in current policies and legislative provisions.

For example, no policy decision has been made to allow influenza vaccination services for eligible people (funded vaccinations) in pharmacies. This should therefore not be included in the document.

We also note this service specification includes as a service objective: "Reduce demand on other primary care healthcare providers for vaccination services from people ineligible for funded vaccine."

We are not aware of any expressed wish by other primary healthcare providers, in the main general practice, to reduce the demand for privately purchased influenza vaccinations. Furthermore it is not appropriate for a document that is intended to guide funding arrangements to also encompass non funded services.

Likewise a Minor Ailments Service specification has been added to the document prior to any discussion within the sector and without any policy framework for the proposed service.

As written this “proposed” service is poorly defined and appears to be about providing an alternative pathway for independent pharmacist prescribing with no restrictions other than perhaps the nature of condition. We note also that this would only require “Level B” skills which, while also undefined, are at the lower end of the skills and knowledge matrix outlined in the document.

The NZMA strongly objects to new and extended services being included in this framework ahead of any formal proposal, consultation, evaluation and policy decision. We are disappointed that the Society appears to be using the specifications framework to fast track policy decisions to benefit the pharmaceutical profession.

We also continue to have fundamental concerns about role extension for non medical health practitioners generally. While these concerns centre on patient safety and the potential fragmentation of care, the rationale for these changes is often also questionable. The introduction of new services, some only very loosely framed, in this fashion does not meet normal standards of policy development and does nothing to allay these concerns.

As discussed at our joint forum earlier this year, the NZMA is keen to work with the Society to facilitate collaboration between medicine and pharmacy that is based on recognising and fostering clinical relationships in the interest of achieving, in partnership, the best service and outcomes for the patient.

In our view this document unfortunately only serves to take us further away from our goal of collaboration and partnership. It is put forward as a guide for funders (District Health Boards) to enter into direct arrangements with pharmacy for a menu of services without due attention to the bigger picture or consideration of the wider sector.

The NZMA would like to instead call for a shift in the funding mechanisms for community pharmacy services. Greater scope for collaboration and coordination of services would exist if pharmacy services funding could be channelled through Primary Health Organisations (PHOs). This would allow a more comprehensive approach to servicing the particular needs of the enrolled population and facilitate enablers such as shared information platforms. Consideration of new services would still require a national perspective but the starting point would be within the primary care team rather than external to it.

We would be happy to discuss further with you the points we have raised in this letter.

Yours sincerely



Dr Mark Peterson
NZMA Chair

CC: Jon Shapleski , DHB Shared Services
Dr Kevin Snee, Chair Community Pharmacy Governance Group