New Zealand Medical Association
Te Hauora mō ngā Iwi Katoa

9 April 2018

TAS
PO Box 23075
Wellington 6140

By email: CPSCommunications@tas.health.nz

Proposed Integrated Pharmacist Services in the Community Agreement

Dear Sir / Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our General Practice Advisory Council and our Board.

We note that DHBs are proposing a new draft pharmacy services contract, the Integrated Pharmacist Services in the Community Agreement (IPSCA), to support the Pharmacy Action Plan, for implementation on 1 July 2018. We understand that a one-year extension to the Community Pharmacy Services Agreement is proposed for current contract holders who do not wish to sign the new contract. We note that the stated aim of the new contract is to expand opportunities for community pharmacists to work as part of an integrated team of health professionals to achieve the best health outcomes for all New Zealanders.

We note that the proposed new contract will contain three separate schedules. Schedule One (Pharmaceutical Supply Services) is to include national level services and will be consistent across the country. Schedule Two (Professional Advisory Services) includes Long-Term Conditions Pharmacist Services, and may be national level or vary across DHBs. Schedule Three (Other Services) are to be negotiated by individual DHBs and may be for all pharmacies in the DHB catchment or individual pharmacies.

While we welcome measures to support the strategic direction in the Pharmacy Action Plan, we have serious concerns at the process that has been followed in relation to developing this proposal. By creating a new service agreement in parallel with the existing agreement for Community Pharmacy Services, the Ministry of Health and DHBs appear to be side-stepping negotiations that were put on hold pending further work on what was thought to be significant service change. This would seem to be a departure from the fair dealing we would expect in funding contract negotiations. Furthermore, it is important to ensure that any changes to service

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design are informed by a robust evidence-based approach. If there are gaps requiring further analysis, then this work needs to be undertaken before changes are implemented. The use of credible evidence to inform and base decisions about healthcare is a core value of the NZMA.

With respect to Schedules Two and Three in the new contract, we are concerned that key national stakeholders may not be consulted on what is happening at individual DHB level. Furthermore, if consultations are done at a local level, not all GPs may have the capacity to respond. PHOs do not necessarily represent the views of General Practice. We would also be concerned if innovation at a local level was inappropriately used to justify policy at a national level, bypassing consultation with national stakeholders.

While the clear principle underlying pharmacist services in the community is that these services will integrate with other primary care services and teams, there is a conspicuous absence of representatives from other primary care services in the negotiations. What DHBs may agree as an integrated service with pharmacy could have significant impacts on other primary care providers. These impacts could be around service model changes, sustainability or simply concerns about patient care being eroded or compromised. We have previously suggested that the expert group the Ministry has convened for progressing this initiative needs to be widened beyond simply pharmacists to include other representatives from primary care such as GPs and nurses. We reiterate this suggestion and ask that the NZMA be provided with the opportunity to be represented at these negotiations.

The NZMA supports pharmacists and doctors working together in an integrated and collaborative health practice environment. While we were generally comfortable with the Pharmacy Action Plan, we offered a number of suggestions on how to improve the draft.[1] Together with the Pharmaceutical Society of New Zealand (PSNZ), the NZMA has since developed an Integrated Health Care Framework that provides the structure for identifying and managing all necessary factors in developing new innovations or models of care so that these are person-centred, integrated, support collaborative practice, and can be successfully implemented to meet the desired outcomes.[2] We believe this framework is a valuable tool and we recommend that it be referenced in current and future contracts and agreements.

We have previously expressed our view that funding streams continue to perpetuate barriers to integration. We seek clarification on whether the proposed new contract and schedules will perpetuate funding for pharmacists being diverted to pharmacy owners rather than pharmacists working in any health setting. We contend that part of the funding envelope for pharmacy services in the community needs to be available for pharmacists working outside of community pharmacies–for example, for general practices wanting to employ clinical pharmacists.

Finally, it remains our view that if pharmacists are going to extend their scope to other clinical services, they should not be promoting and/or selling complementary and alternative medicines (CAMs) that have no evidence of efficacy.[3] The presence of these products on pharmacy shelves is likely to be perceived as an emphatic endorsement by a mainstream and trusted healthcare

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[1] NZMA Submission on draft Pharmacy Action Plan. November 2015. Available from https://www.nzma.org.nz/__data/assets/pdf_file/0018/45702/sub-Draft-Pharmacy-Action-Plan.pdf

[2] Pharmaceutical Society of New Zealand and New Zealand Medical Association. An Integrated Framework for Pharmacists and Doctors. Wellington, New Zealand, April 2017. Available from https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=96&File=IntegratedHealthCareFramework_Final.pdf

[3] NZMA Submission to Pharmacy Council on Code of Ethics Review. August 2017. Available from http://www.nzma.org.nz/__data/assets/pdf_file/0017/57221/NZMA-Submission-on-Pharmacy-Council-Code-of-Ethics-Review.pdf

professional community. New Zealanders already have poor health literacy, and many patients are unlikely to know the important differences between prescribed medications and CAMs.

Responses to specific consultation questions

3. In the future, what new opportunities do you see for communities in a more localised approach to delivery of pharmacist services?
There are opportunities in terms of new ways of delivering services in the community. These include within practices as part of the multidisciplinary team providing medicines reconciliation, post discharge medicines, medicines use reviews, compliance checking, medicines questions, etc.

4. In the future, what new opportunities do you see for pharmacists in a more localised approach to development and delivery of pharmacist services?
As for question 3.

5. In the future, what new opportunities do you see for other health professionals in a more localised approach to developing and delivering pharmacist services?
Shifting of dispensing to non-pharmacists, robotic dispensing, dispensing by doctors.

6. How do you see communities being involved in the development of local pharmacist services?
Communities could well be involved in the co-design of the implementation of these pharmacist services.

10. What risks do you see for pharmacists, other health professionals, and communities in the steps that District Health Boards are proposing to take to deliver the vision of Integrated Pharmacist Services in the Community, and the goals of the Pharmacy Action Plan? How can these be addressed?
A risk is that this approach by DHBs paves the way for bypassing PSAAP in the negotiation of the PHO services contract. The ability to institute any of the innovations that are being proposed will depend on the new Therapeutic Products Act removing the requirement for 51% pharmacist ownership for owning pharmacy contracts, and changing the requirement for pharmacists to be on site for dispensing.

We hope our feedback is helpful and look forward to continued engagement on this important area.

Yours sincerely

Dr Kate Baddock
NZMA Chair