



**National Council of
Women of New Zealand**

Te Kaunihera
Wahine O Aotearoa

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Submission to the Ministry of Health on the Draft Pharmacy Action Plan 2015-2020

1. The National Council of Women of New Zealand, Te Kaunihera Wahine o Aotearoa (NCWNZ) is an umbrella group representing 288 organisations affiliated at either the national level or to one of our 20 branches. In addition to our organisational membership, about 260 women are individual members of branches. NCWNZ's function is to represent and promote the interests of New Zealand women through research, discussion and action.
2. NCWNZ welcomes the opportunity to participate in this consultation process. Our submission has been prepared by the NCWNZ Health Standing Committee. We have sought information from two pharmacists – one from a city dispensing pharmacy and the other at a Community pharmacy and responses have been received from NCWNZ members, including corresponding members of the Health Standing Committee and individual branch members.

Vision

Q1. Does the vision adequately address the strategic context for the future of pharmacy services as part of an integrated health and disability system in the next three to five years?

3. Yes. The collaborative service delivery is an achievable goal. The expertise of highly qualified pharmacists has in the past been underutilised. As a profession, they are more often aware of patient/client socio-economic circumstances and of the education, accurate information and support the patient/client will need to be given to sustain ongoing treatments and medications.

Focus Area 1: Population and Personal Health

Q2. Do you agree that pharmacists should have a greater role in providing public- health level intervention?

4. Yes. Pharmacists have a high level of respectability in the community. This will help the first point of care to become a success. They are skilled professionals and generally excellent communicators with genuine care for the clients. This will be especially helpful for non-enrolled residents or visitors to an area where they do not live.

5. However, there is a danger that pharmacists could become yet another tier in the medical ladder system which people will need to “work their way through” for major testing treatments, surgery, high needs and long term conditions and with an additional “Cost” layer included. The “Cost” for over the counter medicines may prove to be more expensive than those which are prescribed by a medical practitioner; especially so for children under 13 years of age who now qualify for free visits to doctors – or for community service card holders who receive discounted charges for visits to doctors.

Q3. Do you think the population and personal health actions could encourage pharmacist-led population and personal health initiatives as part of an integrated health service?

6. Yes. If properly developed, set up, supported and appropriately funded, there is no reason why it would not. However, freeing up a pharmacist to enable him/her to function in this way, would necessitate major changes within their workplace. Who will fund these changes?
7. Will there be any FREE basic physical examination potential covered under the subsidy? Our members consider this is important, especially in regards to heart rate, blood pressure and blood sugar levels.
8. We raise the issue of the pharmacist’s workplace. If the pharmacist is to become more active in consultation, he /she will need a separate and private consulting space/office. We suggest that currently, very few pharmacists would have a suitable facility unless perhaps a “box room/ storage room” which could be remodelled.

Focus Area 2: Pharmacist Clinical Services

Q4. Do you agree with the focus in this section on optimising pharmacists’ medicines management expertise to be used across the health and social sectors in a broad range of settings as part of an interdisciplinary team?

9. Yes. Medicine management is already a priority for pharmacists, as is the priority to give accurate information on the medications being given, the frequency they are to be taken and any affects that could be expected. Pharmacists do encourage people who may experience problems to come back immediately, or to make an appointment with a medical practitioner or clinic. Otherwise there is potential danger of an undiagnosed, more severe illness/disease.

Q5. How important is it to change funding and contractual arrangements (CPSA, PHO, Aged Care) for successful integration across primary health care services (including pharmacist services)

10. Essential. The Ministry of Health expectation to “Get More for Less” is unacceptable. If the Vision is to achieve improvements as set out in the Pharmacy Action Plan, and to meet its focus, then contracts and funding must be regularly reviewed and adequate funding ensured.

Q6. How important is it that pharmacists are part of interdisciplinary teams?

11. Essential. If properly structured and funded, the delivery of overall medical/pharmacy services should be improved. If done properly, the inter-disciplinary team concept may well reduce Ministry of Health costs.

Focus Area 3: Acute Demand Management

Q7. Do you agree with the focus in this section on pharmacists having a greater role contributing to the treatment of minor ailments, acute demand triage and appropriate referral?

12. Yes. Accident and Emergency Departments are currently clogged with minor ailments/accidents and patients who cannot, or will not, afford medical centre costs for treatment. Pharmacists could make a valuable contribution In Accident and Emergency Departments to the treatment of minor ailments, acute demand triage and appropriate referrals. However, beyond the A&E Department, there are issues which would have to be considered – pharmacists are not specifically trained, most do not have facilities to deal with this type of “community care” and the need to free up the pharmacist from regular pharmaceutical work in order to deal with treatment of minor ailments etc, will incur changes and costs.

Q8. Do you agree with the focus in this section on developing a minor ailment service?

13. Yes. We believe a minor ailments service would improve access to health care. Pharmacists located in an emergency department would be particularly useful. There is the potential for them to play a key role in managing acute demands in adverse medicine related events and assisting with medication management. We believe minor ailment services should be situated within a Medical Centre and would be particularly useful in areas of high need. There would need to be more flexibility for delivery of such a service in rural and remote areas.
14. We question whether some of the ailments as suggested (allergies, ear ache, head lice, fungal infections) need to be seen by a pharmacist when there are nurse practitioners available who are already providing this type of service in some medical centres. Concern has been raised that there is an element of cost cutting in this proposal. There is a need for more qualified nurse practitioners, but it would seem nurse practitioners are on a higher salary than senior pharmacists.

Focus Area 4: Dispensing and Supply Services

Q9. Do you agree with the focus in this section on driving efficiencies in the medicines supply chain through the broader use of technologies, for example, robotic dispensing and more flexible regulations?

15. Yes. Stringent safeguards will be essential to ensure dispensing errors are not made, and that where errors are made, they are picked up before medications are given out. Dispensing systems must be continually monitored. Regular checking and auditing for discrepancies and mistakes is crucial.

16. Robotic dispensing (cost v benefits) would most likely be utilised in larger pharmacies with high script delivery. (eg a pharmacy contracted to fill all prescriptions for a large retirement / rest home or a prison facility)

Q10. How important is the role of the pharmacy accuracy checking technician (PACT) in driving dispensing efficiencies?

17. Absolutely essential. We accept that better use of technicians, reconfiguration of the dispensing process and adopting technologies are key opportunities for change to ensure pharmacists can focus on the clinical rather than technical aspects of dispensing and the supply process. Dispensing medications accurately is critical. Technicians tasked with the final accuracy check on prescriptions (PACT pilot) must be highly trained and supported. There is absolutely no room for error. Errors in dispensing certain medicines can cause serious harm/death; any steps taken to reduce harm are crucial.

Focus Area 5: Prescribing Pharmacists

Q11. Do you agree there should be greater integration of prescribing pharmacists into a wide range of primary and secondary health teams, including residential care facilities?

18. Yes. Better utilisation of well qualified professionals whose knowledge of the actions, and just as importantly, the reactions of combinations of drugs used for complex, multi-needs, long term patients, has to contribute to better management of treatments for patients and to help reduce adverse reactions and improve patient safety. There is also training for prescribing nurses and the employment of a prescribing nurse may see as a viable option for larger pharmacies.

Enabler 1: Leadership

Q12. How important is leadership as an enabler to the actions in this plan?

19. Essential. Those who will assume leadership roles as proposed in the Draft Pharmacy Action Plan will need to be carefully selected, properly trained and well supported. Leadership personnel will be pivotal to the development and success of the PLAN. Members of NCWNZ who contributed to our discussion, disliked the label “Enabler” and would prefer those in leadership roles not to be termed as “Enablers”, but that a more appropriate name for these positions be selected. The system-wide changes which are proposed, will involve a large investment throughout the industry. Unless well planned foundations and funding streams are established the Vision will fail.

Enabler 2: Information And Other Technologies

Q13. How important is information technology (IT) in terms of the potential to transform pharmacy practices?

20. Essential. Information Technology System developed for integrated Health Care services, must be comprehensive, accurate, reliable and SECURE, that will assist all levels of service providers from

initial interviews, treatments, medications, surgeries, aftercare, physiotherapy, homecare, terminal care and organ donations. Whilst we are well aware of the benefits of a good Information technology system, we are also aware of some major and alarming failures of IT systems.

21. Information technology which has been developed is proving beneficial for both patients and healthcare workers. Patient Portals, enabling patients to access information on their illness/ disease/ disability, as well as tests, their treatments and medication, are currently being introduced by many District Health Boards. There are also E-shared plans enabling practitioners to share information so that patients do not have to constantly repeat symptoms etc . Private Trusts such as Health Navigator NZ and HealthPoint are complementary web-sites with differing functions, which are now available, or will become available, in most parts of New Zealand over the next year.
22. Success of the VISION outlined in the Draft Pharmacy Action Plan is focusing on a faster, more accurate, readily available Information System. We would want to see Clinicians, Doctors, Nurses, Hospitals, Emergency Centres, Medical Centres, Pharmacists, Rest Home/Hospital facilities and Community Care providers, able to access the patient information appropriate to their needs through a Secure System and with Patient Privacy protected, and regardless of the health service setting. The development of an integrated health technology system will help eliminate barriers which currently exist, such as for example, a rural health clinic seeking patient information from a client's doctor and being refused.

Q14. How important is it for pharmacists to be able to have full readable/writeable access to patient health records?

23. Essential. NCWNZ believes it is critical that Pharmacists have full readable/writeable access to patient health records. Their contribution to the patient file would immediately show the medications the patient is currently taking, in what doses, when and for which conditions they are being treated. These can then be considered when alterations or increased doses are being made and checks on possible adverse reactions evaluated by the prescriber. Pharmacists should be able to access, read, consider, respond and report on medication effectiveness or adverse reactions of the individual they are helping to treat. We expect Pharmacists will be included in the E-shared Plans for practitioners to share information and along with the complimentary websites (Health Navigator NZ and HealthPoint) as mentioned in Question 13.
24. We would like to think that this would be another pathway to reducing mistakes.

Enabler 3: Workforce

Q15. How important is it to have pharmacists less involved in the technical aspects of medicines supply and better utilised to provide patient – centred care across a range of practice settings?

25. Essential. If pharmacists become less involved with the technical aspects of medicines supply, safeguards must be in place to ensure alternative processes do no harm. Staff tasked with medicine supply must be fully trained, qualified and professionally competent. There will also be situations

where pharmacists will have to continue to be involved in the technical aspects of medicines supply and dispensing, particularly in areas where they operate alone, in isolated and in rural areas.

26. We agree every effort should be made to increase the numbers of Maori and Pacifica students and other ethnicities to ensure the profile of the pharmacist workforce reflects the population it serves.

Enabler 4: Regulation

Q16. How important will a more permissive prescribing and dispensing framework be for changing the future direction of pharmacy services?

27. Essential. The proposed changes for the implementation of this PLAN should not interfere with the economic and business activity of the pharmacists who have responsibilities both for their employed staff and the communities they serve. The proposals are intended to contribute to a better overall service delivery, particularly where pharmacists are able to work with a team of professionals.
28. A concern for NCWNZ is that the Draft Pharmacy Action Plan will be influenced, controlled and flawed by monetary drivers. In other words well- dressed cost cutting.

Q17. How important will potential changes in ownership and /or licensing arrangements be for changing the future direction of pharmacy services?

29. Very Important. This is an area we do not feel competent to comment on.

Priority of Actions

Q18. If you had to prioritise the actions in this plan what would be your top three actions for implementing in the next five years.

30. From this plan:
1. Pharmacist prescribing (funded)
 2. Access to primary health care
 3. Develop pharmacist clinical service.
31. **Information Technology**
To have a National, reliable, safe and secure Information System will assist in the reduction of errors, lost test results, lost xrays, patient's incomplete notes, incomplete patient medication lists, frustrated staff, frustrated patients and wasted Health Funding
32. **Prescribing Pharmacists**
As has been indicated in this Submission we believe that the highly qualified, skilled pharmacists of this country are underutilised. Because the present Health system is clogged with long waiting lists in Hospitals, long waiting times in A & E departments and frequently long waiting times to see a general practitioner, it makes good sense to employ the skills and abilities of the pharmacists more fully.

33. **Public Health and Welfare**

Population-based initiatives to help people live well, without pain, with good diet and able to participate in their communities are all excellent goals; pharmacists are well positioned to be able to lead a broader range of health initiatives to bring about behaviour changes and improve health and wellbeing outcomes. Many already do so. They are often aware of the more specific and personal needs of the people presenting and do give assistance when and where they can

Q19. Are there any actions in this plan that you particularly agree with or disagree with, and if so why?

34. We strongly agree that pharmacists are part of an integrated Health Service providing “Best Practice: to all New Zealanders.”

35. Our concerns are that:

- Pharmacists not working within a Health Team situation are able to continue functioning professionally with full Ministry of Health support;
- the changes proposed are properly planned, prepared and implemented;
- staff receive appropriate training and support;
- appropriate remuneration and incentives are offered to the staff being trained;
- the scheme is properly funded;
- the outcome must be an improved Health Service delivered for all New Zealanders.

Q20. Are there any actions that you think have been omitted that should be included, and if so what are they and why should they be included?

36. There is no indication within the Draft Pharmacy Action plan that there has been, or will be, full consultation with pharmacists throughout New Zealand. Whilst the Pharmacy Steering group established in 2014, included pharmacy and governance expertise, we have noted that pharmacists spoken to by NCWNZ members when considering and preparing this submission, have either not heard of the Draft Action Plan, or have heard of it, but not seen it.

37. Many pharmacists are already stretched to the limit. What assistance will be provided to support them through expected major changes? What will be the benefit for them in accepting changes?

Conclusion

38. NCWNZ is pleased to have had the opportunity to comment on the Draft Pharmacy Action Plan. We agree with the vision for the future – “that pharmacy services will be delivered as part of a highly functioning, person-centred, fully integrated health and disability system”.

39. NCWNZ’s function is to represent and promote the interests of New Zealand women. We consider access to adequate health care is a basic right for all New Zealanders and improvements to access are essential. The proposed integrated health system operating model, with the over-arching principle

that the action plan contributes to improved access and equity for all New Zealanders (including Maori and Pacific communities), is a worthy ideal.

40. Health currently takes a very big slice of the Government's budget. Clearly, the ever increasing cost of technology, treatments and medications expected to cure more complex diagnosed diseases, along with increasing community expectations and increasing wages, mean that new ways and systems of delivering health related services have to be found. Provided the proposals as outlined in the action plan come to fruition, NCWNZ anticipate there will be benefits and improved health outcomes for all New Zealanders including women and children, our older population, the disadvantaged, those living in lower decile areas and in rural and isolated areas.

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