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# Making a submission

## Pharmacy Action Plan: Consultation document

**Submissions close on Friday 23 November 2015 at 5 pm.**

The Ministry of Health must have your submission by this date and time. Any submissions received after this time will not be included in the analysis of submissions.

In making your submission, please include or cite relevant supporting evidence if you are able to do so.

There are two ways you can make a submission:

- Fill out this submission form and email it to:  
pharmacyactionplan@moh.govt.nz

**OR**

- Mail your comments to:  
Pharmacy Action Plan Consultation  
Sector Capability and Implementation  
Ministry of Health  
PO Box 5013  
WELLINGTON 6145

The following questions are intended to help you to focus your submission. It will help us analyse the feedback we receive on the plan if you can use this format. You are welcome to answer some or all questions.

# Questions

## 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? If not, what is missing or what needs to be added?**

Yes  No

Additional comments:

The vision is good and fits in well with the 'one-team' concept of the Health Strategy. Establishing systems to routinely update their primary care provider of (a defined set of) non-prescribed items obtained from pharmacies would ideally be part of routine information sharing between pharmacy and practice.

There is no discussion on how prescribing for long-term conditions could change to better meet patient needs. For example, once a diagnosis of asthma is made, the management of the use of the treatments, especially the preventive inhaler, could be made the responsibility of the pharmacist, rather than the prescriber.

From a public health perspective, the role of the pharmacist in identifying and reporting any disease trends is missing; as is their potential role to support control measures in outbreaks. For example, noting an increase in the number of preschoolers presenting with symptoms of gastrointestinal illness is useful surveillance for public health. In addition, a pharmacist can provide information around preventing further spread of illness such as, advice around hand washing and the need for exclusion from preschool while symptomatic and up to 48 hours after the last symptom.

## Focus Area 1: Population and personal health

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

Yes  No

Additional comments:

The growth of long-term conditions (LTCs) places an increasing burden on NZ health systems. Community pharmacies can help to address this burden by providing care and advice for people with LTCs. Expanding their role in doing so seems positive.

For example, in smoking cessation the direct delivery of nicotine therapies to clients along with suitable advice on usage and quitting could play a major part in the goal of having a smoke-free nation. If smokers are at a decision point on quitting there should be no delay in the pharmacist's ability to deliver the appropriate first line pharmacotherapy.

The delivery of influenza vaccines by pharmacists has increased access; there is potential for other vaccines to be given by pharmacists, once the link with the NIR is established. The later opening hours and week-end access of pharmacists would increase access to immunisation opportunities.

Pharmacists are often the primary health professional seen by people on low incomes. As such, they are in a position to deliver improvements to health literacy across a wide range of the New Zealand population. Pharmacists are able to deliver high quality health interventions and information that fall in line with the goals of population and public health. However, we need to be realistic about the kinds of interventions that they can offer for lifestyle change; and make sure that they are not used instead of developing the community workforce that is needed to support life changes to prevent and manage LTCs.

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

Yes

No

Additional comments:

Pharmacists may be in a better position for some population health targets. For example, the smoking target for pregnant women. By the time a pregnant woman reaches secondary care services, where the target currently sits, she is likely to be months ahead in the pregnancy and too late to gain any benefit for the foetus. Pharmacy, through sale of pregnancy tests, may be the first health professional a pregnant woman sees. In addition to quitting advice there is the opportunity to promote folate supplementation. Other opportunities to provide health advice could occur during consultations for other reasons such as sexual health.

It will be important for pharmacists to see themselves as having leading roles in some areas, and not just support to prescribers. The frequent contact that the population has with a pharmacy means there is good potential to provide health advice to support population health. This includes their potential to help consumers improve their health literacy.

## **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 broader range of settings as part of an interdisciplinary team?**

Yes

No

Additional comments:

Some positive impacts of this approach are shared in the document. As we move forward, it will be important to monitor actual impacts of pharmacist inputs on treatment outcomes, such as evaluating the impact of pharmacist input on adverse events from polypharmacy.

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

Essential       Very important       Little importance       Not important

Additional comments:

The contracting model is only one aspect. It is not sufficient by itself - what is more vital is to monitor outcomes of the pharmacist inputs- as much as the other members of the 'one-team'. This requires a sophisticated IT platform that will be required to make the vision of the 'one-team' approach operational.

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

Essential       Very important       Little importance       Not important

Additional comments:

For the management of LTCs (especially when the consumer has more than one) and other conditions that require polypharmacy, it is clearly helpful to include the pharmacist in the team.

### **Focus Area 3: Acute demand management**

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

Yes       No

Additional comments:

This is an existing role; making it more formal and standardised seems sensible.

Pharmacists could be given the right to prescribe to treat conditions such as fungal infections, head lice, scabies and minor skin infections, facilitating access to the subsidy for free medication to under 13-year-olds and high users. Currently although pharmacists can provide these medications, they come at a cost that will be prohibitive to many families.

Sore throat swabbing and treatment could also be made available in this setting. There is potential for pharmacists to work with primary care nurses to provide the follow up when necessary.

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

Yes  No

Additional comments:

To encourage access and reduce barriers, it is important that funding of medications, usually subsidised when prescribed by a doctor, continue to be subsidised if dispensed by a pharmacist.

Reducing costs to medicines will be paramount to access and equity, which is outlined as an overarching principle in this document.

## 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 regulation?**

Yes  No

Additional comments:

This touches on, but is not clear, about more fundamental changes to the process of how prescribed medicines get to the patient.

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

Essential  Very important  Little importance  Not important

Additional comments:

No comment.

## 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 care teams, including residential care facilities?**

Yes  No

Additional comments:

Access to patient notes and being part of a multidisciplinary team would support positive lines of communication and positive outcomes for the community. This would be a better wrap around approach for vulnerable members of the community.

Including a pharmacist as a key member of the 'one-team' for health delivery makes good sense.

## Enabler 1: Leadership

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

Essential  Very important  Little importance  Not important

Additional comments:

Leadership is fundamental to the success of any plan. It would be useful to see what success looks like in this area, and what is meant by the term "leadership" in that context.

## Enabler 2: Information and other technologies

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

Essential  Very important  Little importance  Not important

Additional comments:

See below.

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

Essential     Very important     Little importance     Not important

Additional comments:

IT is an essential part to achieving a fully integrated health and disability system therefore contributing to the vision of the Pharmacy Action Plan. A well resourced and smart IT strategy will be required to make the 'one-team' a functional reality.

### **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?**

Essential     Very important     Little importance     Not important

Additional comments:

RPH is unable to comment on the technical aspects of medicines supply. However, RPH would like to comment on opportunities in this section that will give meaning to the overall principle of contributing to improved access and equity for Maori, Pacific and other priority populations. (Draft Pharmacy Action Plan, p.4)

RPH strongly supports the actions listed for the Schools of Pharmacy which aim to ensure that graduates have appropriate cultural competence and to increase the numbers of Maori and Pacific students and other ethnicities to reflect the population.

A further action for inclusion could be:

- Provide for the needs of Maori as set out in Section 4 of the NZPHD Act to ensure there are mechanisms to enable Maori to contribute to decision-making on and participate in the delivery of pharmacy services, as well as responding to the government's desire to achieve equity and improve health outcomes for Māori.

### **Enabler 4: Regulation**

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

Essential     Very important     Little importance     Not important

Additional comments:

The proposed increased use of pharmacist as a primary health care worker largely makes sense if they can prescribe (e.g. nicotine replacement) as well as give the advice - otherwise, a bottleneck occurs via the need to refer to a GP or specialist.

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

Essential     Very important     Little importance     Not important

Additional comments:

Hard to comment - many models can work, but only a few do. It will be the practice and not the policy that is key, and that is hard to predict.

## 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?**

Priority actions:

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

<b>Agree</b>	<b>Disagree</b>
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<b>Reasons</b>	

**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?**

<b>Additional actions that should be included?</b>	<b>Reasons</b>
The plan highlights Access and Equity as an overarching principle for the Draft Action Plan, however it is not explicit throughout the plan how this will be translated into meaningful actions. The risk of not including specific actions in the document is that the overarching principle is forgotten and the focus is lost for implementation of the plan.	

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# Submission form

You do not have to answer all the questions or provide personal information if you do not want to.

This submission was completed by: *(name)* Dr Osman Mansoor

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Organisation (if applicable): Regional Public Health

Position (if applicable): Public Health Physician

Are you submitting this as *(tick one box only in this section)*:

- an individual or individuals (not on behalf of an organisation)  
 on behalf of a group or organisation(s)

If you are an individual or individuals, the Ministry of Health will remove your personal details from your submission, and your name(s) will not be listed in the published summary of submissions, if you check the following box:

- I do not give permission for my personal details to be released.

Please indicate which sector(s) your submission represents

*(you may tick more than one box in this section):*

- |  |  |
|--|--|
| <input type="checkbox"/> Māori                       | <input type="checkbox"/> Regulatory authority  |
| <input type="checkbox"/> Pacific                     | <input type="checkbox"/> Consumer  |
| <input type="checkbox"/> Asian                       | <input type="checkbox"/> District health board   |
| <input type="checkbox"/> Education/training          | <input type="checkbox"/> Local government  |
| <input type="checkbox"/> Service provider            | <input type="checkbox"/> Government  |
| <input type="checkbox"/> Non-government organisation | <input type="checkbox"/> Pharmacy professional association                             |
| <input type="checkbox"/> Primary health organisation | <input type="checkbox"/> Other professional association                                |
| <input type="checkbox"/> Professional association    |  |
| <input type="checkbox"/> Academic/research           | <input checked="" type="checkbox"/> Other <i>(please specify)</i> : Public health unit |