



# Integrated Pharmacist Services in the Community

Evolving consumer focused pharmacist services



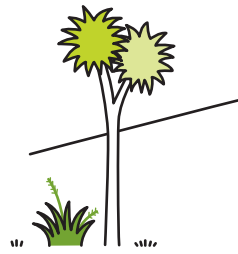


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# Foreword

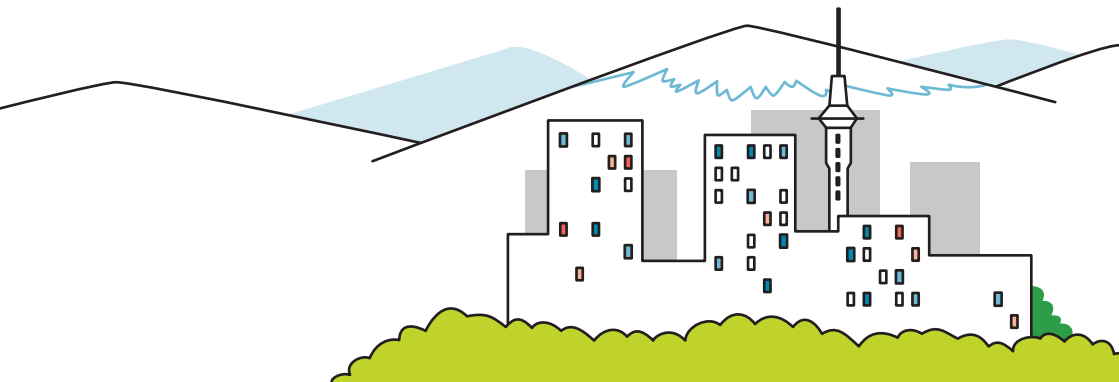
**Pharmacists, together with other health care professionals, will need to work differently in the future to respond to the ever-growing demands on the health system.**

Over the past year District Health Boards have worked extensively with the Ministry of Health, PHARMAC, the pharmacy sector, and a range of stakeholders across the wider primary care sector, and consumers, to understand how pharmacists can best respond to those demands.

The many conversations held provided collaborative and innovative thinking on new opportunities for pharmacists to contribute in different ways right across the health and social sector and signals a new direction called Integrated Pharmacist Services in the Community.

This will provide national contracts for the supply of medicines and standardised services, while allowing District Health Boards greater flexibility to tailor services to meet the needs of their local communities.





Integrated Pharmacist Services in the Community will continue the focus that all District Health Boards have, which is a service model that places people at the centre, and one that supports pharmacists to cement their role as key members of the wider primary care team and experts in medicines management.

Achieving the vision for Integrated Pharmacist Services in the Community will not happen overnight.

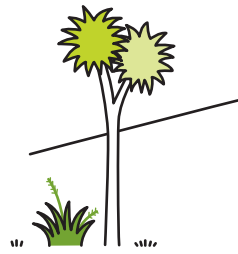
We're still in the early stages, and it's important to make sure the changes needed to achieve success are well thought through and will involve a lot of ongoing discussion and work, with the wider pharmacy sector, consumers and others in the coming years.

This document outlines our journey so far and how we plan to move forward. Please take the time to read it and, if you would like to help shape the future of pharmacist services in the community, we encourage you to get involved.

A handwritten signature in black ink, appearing to read 'K Snee'.

**Dr Kevin Snee**

Pharmacy Lead Chief Executive of the 20-DHB Collective  
Chief Executive, Hawkes Bay District Health Board.



# Why New Zealand needs a new direction

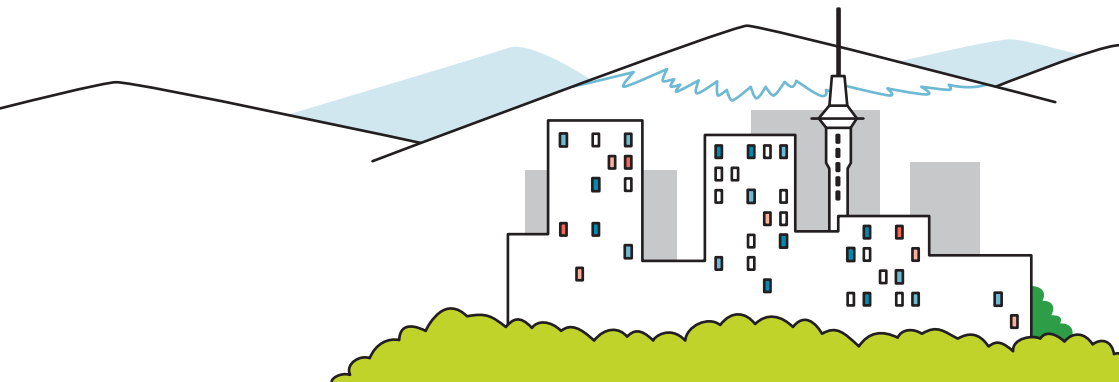
District Health Boards currently fund community pharmacies to supply medicines and to provide advice to consumers. This funding, around \$400 million per year, is delivered through a contract called the Community Pharmacy Services Agreement 2012 (the contract).

This contract introduced a patient-centred service model. However, it is a one-size-fits-all approach that largely funds all pharmacy owners to provide the same services. It also doesn't provide any extra benefits or enhanced services for consumers, nor does it allow District Health Boards to tailor services to meet the needs of their local communities.

With the current contract due to expire in mid-2017, District Health Boards recognise the need to adapt the current model to keep pace with the changing environment of healthcare service delivery.

While the dispensing and supply of medicines remains an essential part of a pharmacist's job, the ambition is for pharmacists to offer an ever-expanding range of clinical services to support consumers in the community.

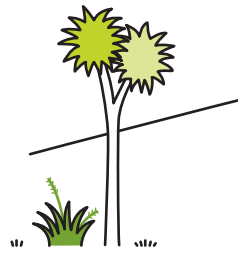




We want to encourage pharmacists to:

- use their full skill set and medicines management expertise to provide professional advice and work towards achieving the health outcomes that matter to each consumer
- have greater opportunities to work outside the four walls of a pharmacy, doing things like:
  - working as part of a wider primary care team, providing input into plans to achieve what matters to the consumer
  - working in different environments like on a marae or within an aged residential care facility to ensure consumers receive the same access to specialist pharmacist services, no matter where they are
- work closely with their District Health Boards to deliver tailored services to suit the needs of their local communities
- be a regular point of contact for consumers as the health care hub in locations where they can be most effective
- provide a consistent standard of service that consumers need and understand, and ensure costs to the consumer are transparent
- support consumers to make their own health care choices
- deliver on the key objectives outlined in the New Zealand Health Strategy and Pharmacy Action Plan.

There are excellent examples of how patients receive care for a range of conditions from local pharmacists. We want them to share this best practice with others, so that all consumers can receive the same outcomes from specific services delivered by pharmacists.



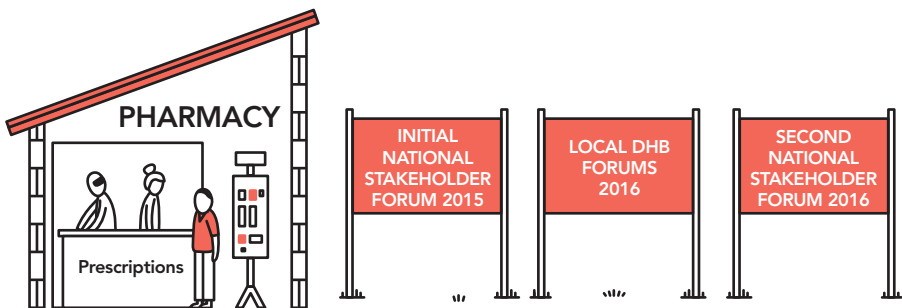
# The journey so far

A number of conversations have taken place with the wider health sector and consumers since November 2015. The focus of these discussions centred on how pharmacist services could be more person-centred, and how they could work more closely with the wider primary care sector<sup>1</sup>.

## Initial National Stakeholder Forum

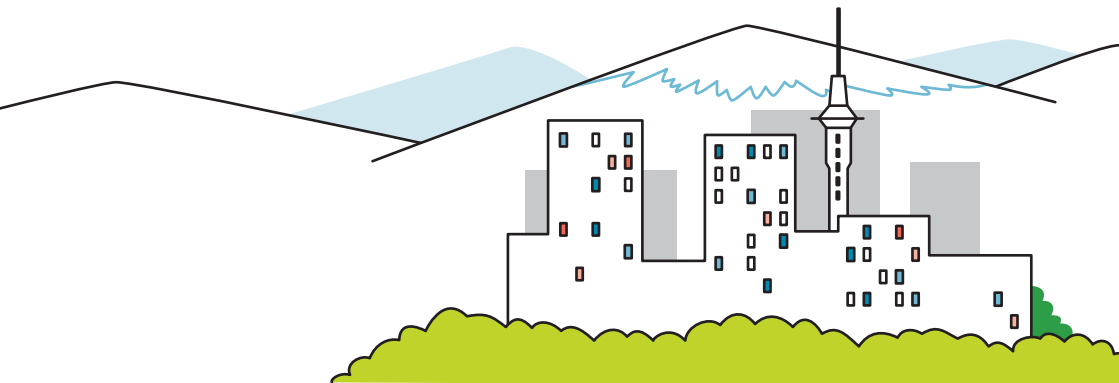
The overarching aim for November's forum was to start the conversation with consumers and a broad cross-section of people with a specific interest in integrating pharmacists' services in the community and what that will look like in 5–10 years time.

It focussed on the future of pharmacist services and began a dialogue about the change needed for us to keep pace with the changing environment of healthcare service delivery.



<sup>1</sup> Wider primary care also includes community and specialist care.





## Local District Health Board forums

Keen to continue the momentum generated by the Initial National Stakeholder Forum, the 20 District Health Boards hosted a series of forums between January and February 2016.

Some key discussion themes included:

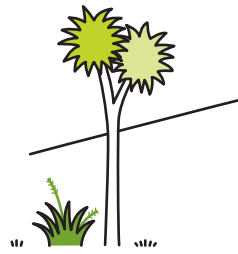
- ways primary care and community services can work better to make the most of pharmacist services in the broader primary care environment.
- local engagement and initiatives to help shape the future of pharmacist services in the community.
- aligning pharmacist services to support delivery of care across wider primary care and, where appropriate, to deliver on key government strategies, such as the New Zealand Health Strategy, Implementing Medicines NZ, and the Pharmacy Action Plan.

## Second National Stakeholder forum

In March 2016, a smaller group of stakeholders was brought together and tasked with taking the ideas and dialogue from the first National Stakeholder Forum in November 2015, and the local discussions held early in 2016 and shaping these into an agreed direction.

Consumers were again engaged in the forum and will continue to play an important role in the design and development of Integrated Pharmacist Services in the Community.

After this extensive consultation District Health Boards have developed a new direction called *Integrated Pharmacist Services in the Community*.



# Integrated Pharmacist Services in the Community

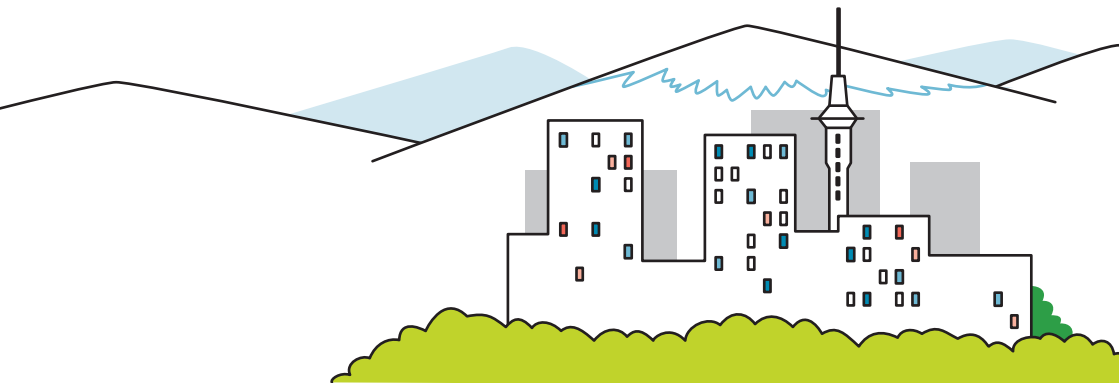
The way consumers receive pharmacist services in the future will be based on the services that each pharmacy is contracted to provide by their local District Health Board.

Integrated Pharmacist Services in the Community will see District Health Boards move away from a system that funds pharmacists on transaction based medicine delivery, to one that is flexible enough to meet local consumer need and enhances the healthcare and medicines management expertise delivered by pharmacists.

Integrated Pharmacist Services in the Community will be delivered through a new contract that:

- places consumers at the centre of any service delivery
- promotes pharmacists as the experts in medicines management
- has the flexibility to support local service delivery to meet community needs
- aligns with government health plans such as the Pharmacy Action Plan.

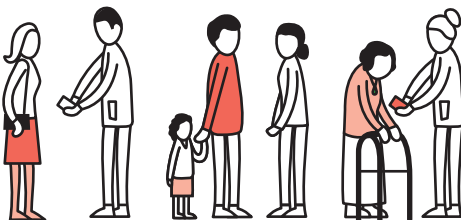




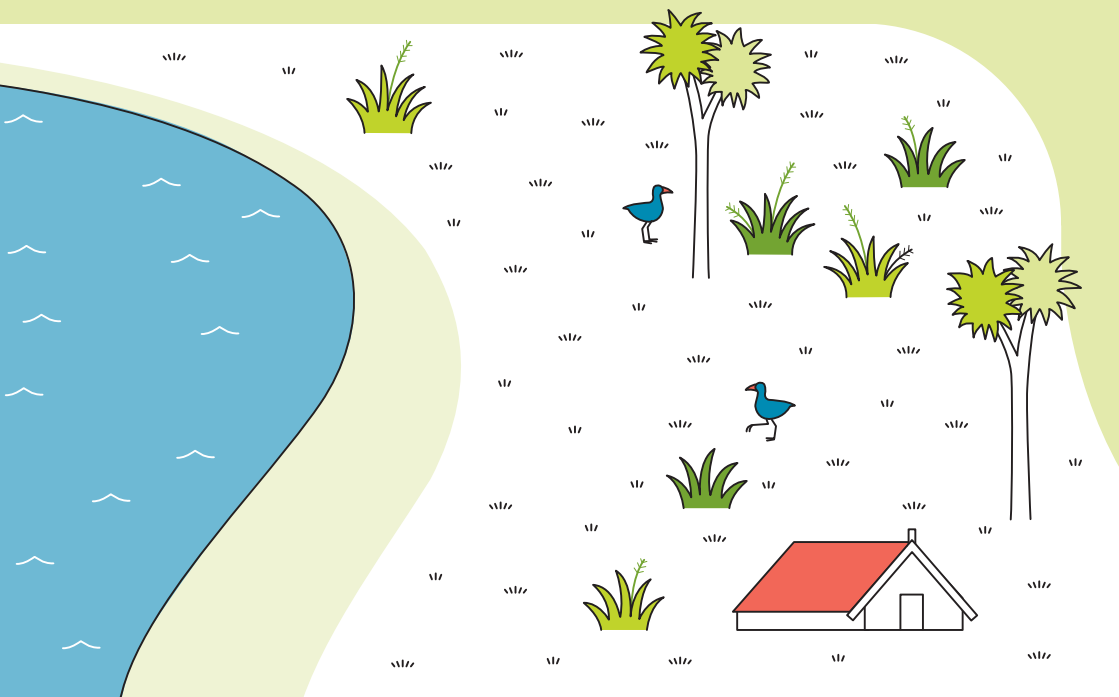
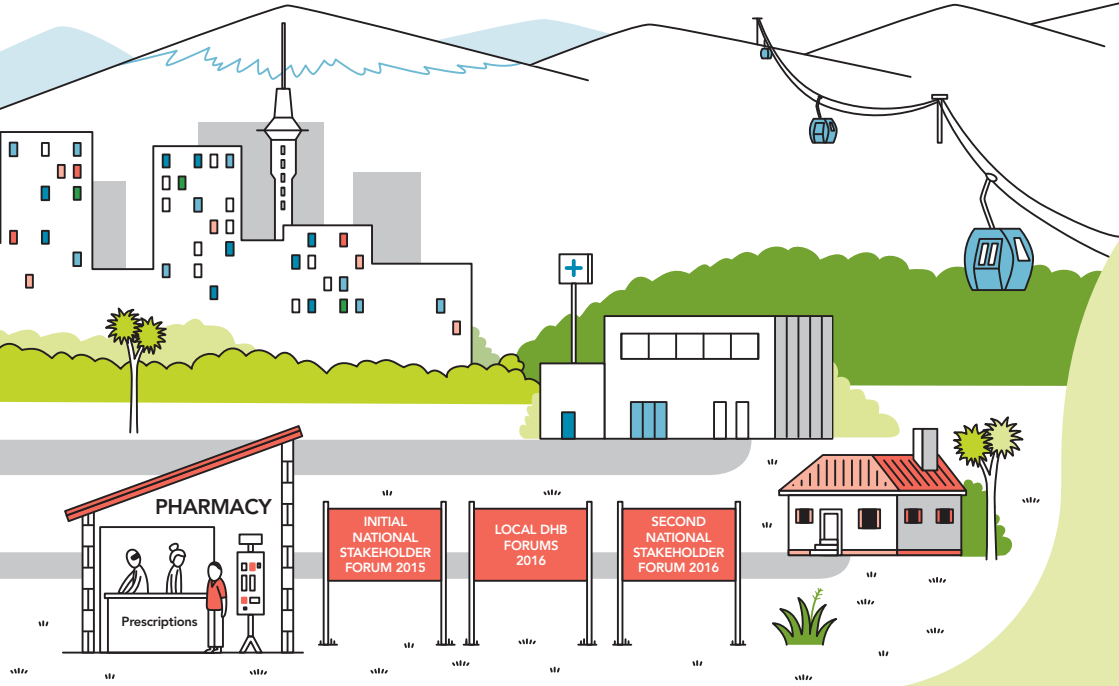
It will also give District Health Boards flexibility to provide their local communities with equity of access to different types of pharmacist services, in different ways and places, which are tailored to individual need. This means that some services in future could be provided outside of the pharmacy.

District Health Boards will focus on improving health outcomes for Māori and Pasifika, and four other groups, which are also set out in the Pharmacy Action Plan:

- consumers with chronic conditions.
- frail and elderly.
- mental health consumers.
- giving every child a healthy start.



# Integrated Pharmacist Services in the Community



# Evolving consumer focused pharmacist services



In-store consultation when needed



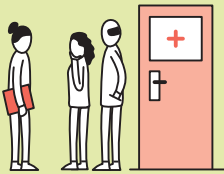
Understanding all consumer needs



Safe disposal of medicines



Creating patient-friendly spaces in pharmacies



Working with other community care professionals



Dispensing and supply of medicines to consumers



Delivery of medicines



Private one-on-one consultation when needed



Implementation of required information technology



Virtual communication – smart systems



Person-centred services to meet local need



Care available for consumers at home when needed



Care available for consumers at marae



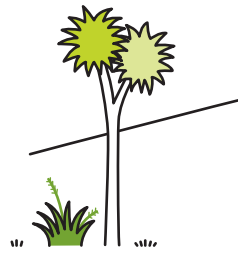
Care available for consumers at hospitals



One Team – pharmacists, wider primary, community and specialist care all working together



# The vision for Integrated Pharmacist Services in the Community

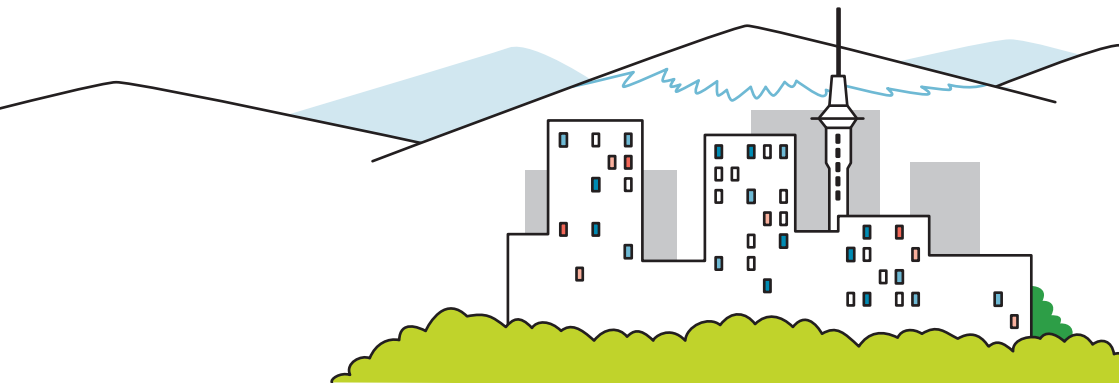


In April 2016 the Minister of Health launched a refreshed 10 year New Zealand Health Strategy which outlines the high level direction of New Zealand's health system from 2016 to 2026.

This was closely followed by the release of New Zealand's first Pharmacy Action Plan 2016 – 2020 in May. The Plan sets out a five-year programme to support pharmacists to deliver maximum value to the health system and contribute to the objectives of the New Zealand Health Strategy.

District Health Boards will use the Pharmacy Action Plan vision to guide the design and delivery of Integrated Pharmacist Services in the Community.





## Pharmacy Action Plan Vision

### What will the future look like?

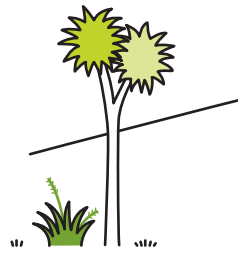
People are at the centre of our health system. People are the focus of this Action Plan.

Pharmacist services, as an integrated component of a people-powered,<sup>1</sup> collaborative model of care, will be delivered in innovative ways, across a broad range of settings, so that everyone has equitable access to medicines and health care services. The health care team will fully use the unique and complementary skill set of pharmacists, as medicines management experts. The focus will be on delivering high-quality care, supported by smart systems, that:

- is responsive to the changing health needs of New Zealanders
- empowers them to manage their own health and wellbeing better, as part of a one-team approach that supports people to live longer, but also to spend more of that life in good health.<sup>2</sup>

1 The term 'people-powered' forms part of the New Zealand Health Strategy.

2 This vision focuses on pharmacist services and is intended to align with the New Zealand Health Strategy's overall vision for the health and disability system.



# What success will look like

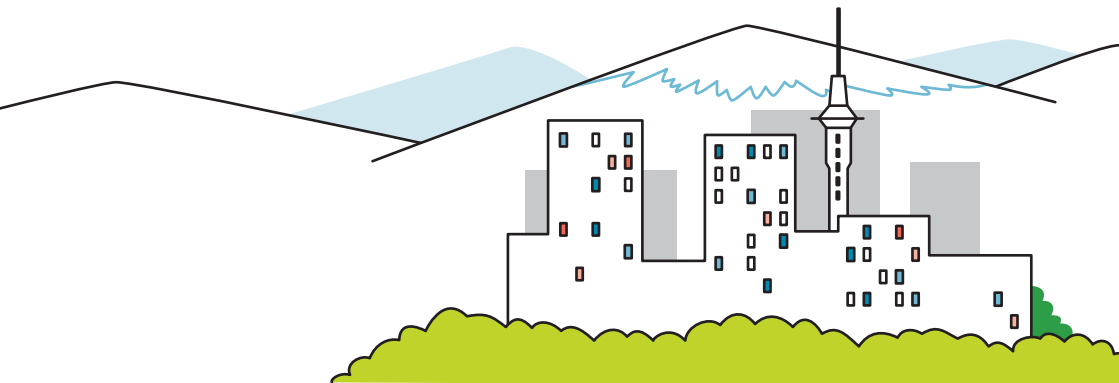
For District Health Boards successful implementation and delivery of Integrated Pharmacist Services in the Community will mean different things for different people.

## For you as a consumer it will mean:

- you will understand what your community pharmacists can do for you and know what services can be provided to help improve your health
- you can access the integrated pharmacist services that matter to you where and when and how you need them
- you are supported to make informed decisions about your health and wellbeing through increased knowledge and literacy provided by your pharmacist
- you can be confident that you are getting the right medicines and are being provided with advice on how to take them safely
- the supply of your medicines will not get in the way of the professional time your pharmacist can spend with you.





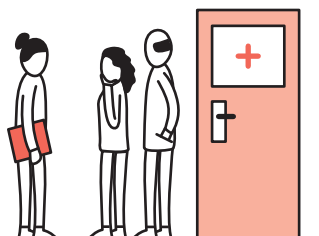


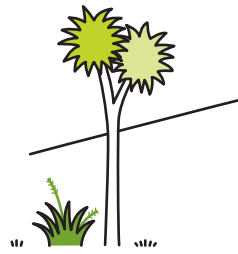
### **For you as a pharmacist it will mean:**

- you are recognised by other health professionals and consumers as professional and valued members of an experienced clinical health care team
- your skills and experience are more fully utilised to help consumers make the right choices
- you have more opportunities to build trusted relationships with the wider primary care team.

### **For the wider health system it will mean:**

- we are all better able to support the health and wellness of New Zealanders
- we all use resources more effectively
- we all have a more integrated and cohesive system that works in the best interests of New Zealanders.





# Achieving success

These are the things we need to do to achieve successful integrated pharmacist services in the community.

## Access to pharmacist services

- District Health Boards are able to purchase services that are tailored to the individual needs of their communities.

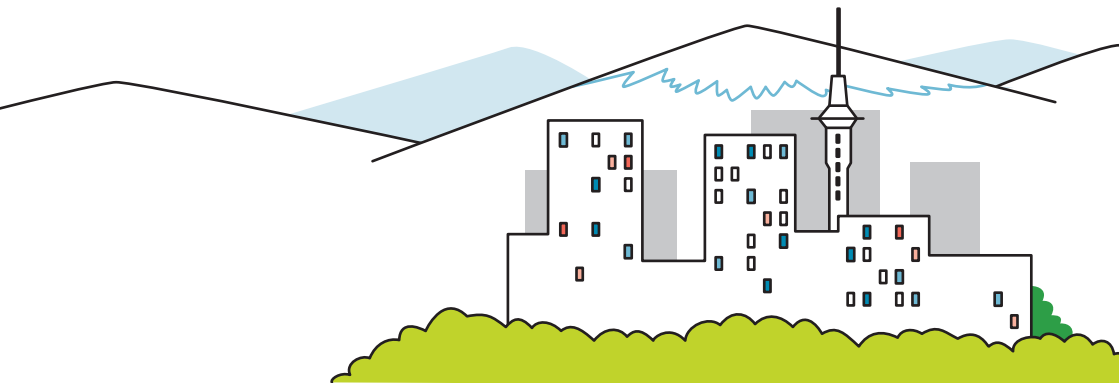
## Consumer empowerment through information

- Pharmacists need to share their expertise about medicines in ways that the consumer wants and understands.

## Safe supply of medicines

- Medicines need to be supplied to the right person, in the right place at the right time.





### **Integration of care and social support provision**

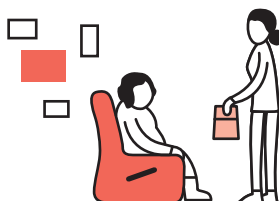
- All the people that provide care for consumers need to work together to provide the services that matter to them.

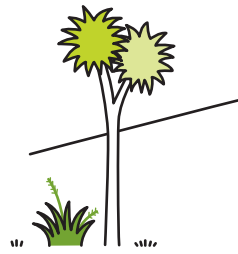
### **Improved support for people with high needs**

- Recognise that some parts of the community will need more help and care, some of which could be provided by a pharmacist.

### **Better use of pharmacist's skills in triaging**

- Pharmacists are often the first person that is asked about healthcare, they can either provide the care needed or support the consumer to get to the provider best placed to help them.





# How we will get there

The following seven areas will be a focus of our work in the coming years to enable successful delivery of Integrated Pharmacist Services in the Community.

## **Contracting:**

- Changing the contracting model to allow flexibility for District Health Boards to commission the services they need pharmacists to deliver to meet the needs of their local communities.

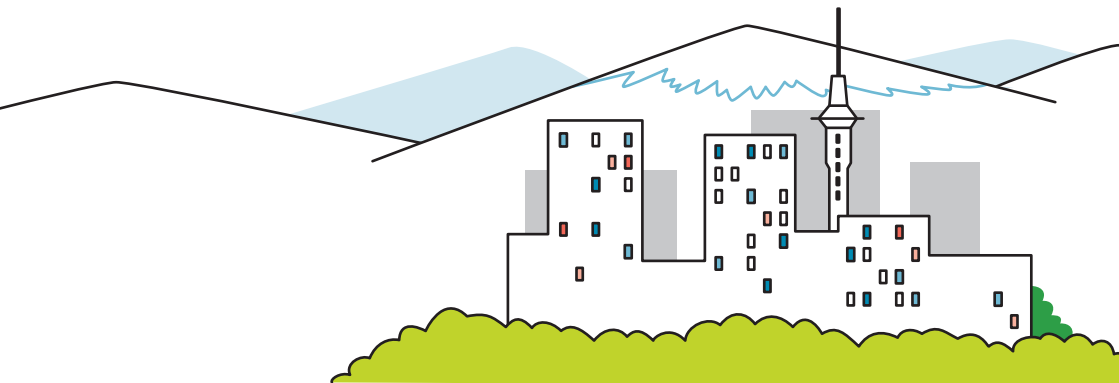
## **Information technology:**

- Facilitate the development of vendor systems and payment mechanisms that are fit for purpose.
- Facilitate the development of systems and tools that enable integrated person centred care.

## **Supply chain:**

- Investigate more efficient methods of supply.





### **Premises and facilities:**

- Advocate for changes to legislation, standards and service specifications.

### **Legislation and regulation:**

- Facilitate discussions and maintain relationships with the Ministry of Health and wider government to ensure the requirements of pharmacist services are better understood.

### **Workforce:**

- Utilise the full range of pharmacist skills, and consider how to best contract for services.

### **Interdisciplinary collaboration:**

- Facilitation of connections with other health and social support providers.





# For more information

If you have any questions, or would like more information about *Integrated Pharmacist Services in the Community*, please visit [www.centraltas.co.nz](http://www.centraltas.co.nz) or email [pharmacy@centraltas.co.nz](mailto:pharmacy@centraltas.co.nz), or contact your local District Health Board.

## Helpful links

### **New Zealand Health Strategy**

[www.health.govt.nz/publication/new-zealand-health-strategy-2016](http://www.health.govt.nz/publication/new-zealand-health-strategy-2016)

### **Pharmacy Action Plan**

[www.health.govt.nz/publication/pharmacy-action-plan-2016-2020](http://www.health.govt.nz/publication/pharmacy-action-plan-2016-2020)

### **Equity of healthcare for Māori – a framework**

[www.health.govt.nz/publication/equity-health-care-maori-framework](http://www.health.govt.nz/publication/equity-health-care-maori-framework)



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