



## Minutes of Meeting Northland District Health Board Equity in the Community Committee

Held on 9.00am, Monday 20 September 2021  
Tangihua Meeting Room, Tohora House, Whangarei Hospital

### COMMITTEE

Ngaire Rae (Chair)  
Harry Burkhardt (Zoom)  
Jonny Wilkinson (Zoom)  
Kyle Eggleton (Zoom)  
Carol Peters (Zoom)

Libby Jones (Zoom)  
Sally Macauley  
Beryl Wilkinson (Zoom)  
John Bain  
**A Seat at the Table**  
Ashlee Peacock (Zoom)  
Jackie Kendall (Zoom)  
Natasha Correa (Zoom)

### IN ATTENDANCE

Nick Chamberlain, John Wansbone, Jeanette Wedding, Vince Cocurullo, Tracey Schiebli, Paula Douglas (minutes), Kathryn Leydon, Andrew Mardon (part), Beth Harvey (part)

Meeting was opened by Libby Jones

### APOLOGIES

Ngaire Rae for lateness  
Carrie Bryers

### CONFLICTS OF INTEREST

The conflicts register was noted.

## 1.0 COMMITTEE MINUTES

### 1.1 Confirmation of Minutes

**IT WAS MOVED THAT** the minutes of the meeting held on 28 June 2021 be accepted

**Sally Macauley / Carol Peters**  
**Carried**

Committee requested that the Dr Catherine Jackson's presentation from the 28 June meeting in relation to rheumatic fever and housing be added to the Boardbooks resource centre.

### 1.2 Matters/Actions Arising

#### 1.2.1 Primary & Public Health Plan

- This plan will be added to the resource centre as requested.



- The Primary and Community deep dive is not going to be implemented due to the potential changes that are going to take place in the sector.

#### 1.2.2 Oral Health including new initiatives

- Updates on Muriwhenua and new oral health initiatives to be provided to the March 2022 meeting.

#### 1.2.3 Drinking water new regulations update

- Agenda item

#### 1.2.4 Policy on food & food poverty

- Agenda item

## 2.0 CHAIRS REPORT

- Thank you to all staff for all the hard work that is being undertaken in the community with vaccinating and COVID-19 testing. Chair acknowledged all the mahi that is going on.
- Thoughts go out to the colleagues in the health sector in Auckland that are still doing it tough due to the ongoing Level 4 lockdown.

## 3.0 PRESENTATION – COMMUNITY PHARMACY AND E-PRESCRIPTIONS

- Presentation given by Andrew Mardon, Business Manager for Primary Funding and Performance & Rural Hospitals.
- There are 38 Community Pharmacies currently operating in Northland.
- \$3.47m funded items dispensed in 2020/21 to patients by Northland pharmacies.
- \$65m+ total gross cost (both pharmaceutical cost and dispensing fees, predominantly the former) in 2020/21.
- A further 300k items dispensed to Northland patients by community pharmacies outside Northland (predominantly those located around tertiary services and those just across the WDHB border).
- Notable step increase in dispensing activity past 24 months – largely driven by shift to repeat dispensing as a result of COVID supply restrictions. On top of pre-existing trend due to increasing population and demographic drivers.
- Of the 3.4m items dispensed in 2020/21:
  - 31% for Māori / Pacific (38% of population)
  - 69% for non-Māori / Pacific (62% of population)
- Age profile difference contributes significantly to this equity gap. Patients aged 65+ make up 21% of Northland's population, but 50% of total pharmacy dispensing volumes.
- Briefly outlined the services covered by the national contract.
- Briefly outlined some of the additional services that Northland funds locally on top of the national funding.
- Outlined some potential new initiatives that the group is considering funding locally including:
  - Widened co-payment support for other at-risk patients – e.g. Renal, and other specialty patients where non-adherence often has immediate significant follow-on costs.
  - Minor ailments – funding for the management of some minor conditions within community pharmacy.
  - Pharmacy Obs – formal funding and service provision for BP, Weight and other basic patients obs in pharmacy (currently provided already by some pharmacies with no specific arrangements).
  - Free access to trimethoprim/nitrofurantoin for treatment of UTI.



- Access to a wider range of immunisation through community pharmacy (MMR, influenza and COVID currently) – e.g. national discussion on pertussis for pregnant women ongoing.
- Vaccinating pharmacies:
  - Northland currently has 13 pharmacies that are able to vaccinate for influenza and MMR.
  - Encouraging wider uptake of this – Chief Executive issued blanket approval for MMR / influenza vaccination contract schedule to be offered to any pharmacy meeting the clinical criteria.
  - Authorised vaccinators in pharmacies are now increasing as a result of the COVID vaccination rollout – this will hopefully sustain post-COVID and ensure we maintain a high number of vaccination options for community.
  - Challenge is now getting more vaccinations approved for administering in pharmacy – some regulatory/PHARMAC opposition to possible easy-wins (e.g. pertussis for pregnant women).
- COVID-19 Level 4 (round 2)
  - Portfolio team checked in with pharmacies following PM announcement of lockdown in mid-August – pharmacies very prepared and ready to migrate into contactless operation – lessons learned from March 2020
  - Not as much of a 48 hour rush on prescribing, as happened in March 2020, likely improved stress levels for pharmacy teams relative to 2020.
  - E-prescribing continues to be a valuable IT resource for community prescribers and pharmacists – various teething issues gradually abating.
  - No specific government support for Pharmacy/Primary Care this time. Able to access generic wage subsidy and other MBIE support.
  - The Northland “island” effect will continue to have an impact on community pharmacy – for both logistics and foot traffic in particular areas.
  - COVID vaccination efforts continued through lockdown in pharmacy – delivering 14k doses (10% of all doses by Northland vax providers at time of writing)
- Challenges on the horizon:
  - Increase in virtual/online pharmacy options will improve access for some patients, but may threaten viability of some smaller pharmacies.
  - Discounting pharmacies, potential changes to legislation on ownership, and other sector disruptors will impact on traditional business models.
  - Workforce issues – border closure and immigration impacting, as is the case across health. Challenges already showing up prior to COVID.
  - Northland DHB is continuing to advocate for and, where possible, fund additional pharmacy services over and above core-dispensing’ – Need to continue making use of the clinical skillsets of our community pharmacists.

## **4.0 PUBLIC AND COMMUNITY HEALTH SERVICES UPDATES**

### **4.1 Community Based Services**

- Paper was taken as read.
- All energy currently is on COVID-19 related activities.
- All staff on the ground are involved in this.
- Equity is at the forefront of decision making with all issues related to COVID-19.
- There has been good closure of the ethnicity gap.
- Working on taking the services to the people instead of asking people to come to us.
- There is Intel that provides us with the pockets of people that are being missed in the community.
- There are 2 major events planned in October and November.
- There is increased messaging from the Government on the uptake that they are looking for.
- Some of the messaging that is going to happen needs to happen now.



- One of the issues being faced at the moment is the incorrect messaging via social media.
- There are different strategies being put in place to capture the people who are being missed.
- Working with schools and other places to ensure that as many people are being captured as possible.
  
- Access for all ages and cultures is one of our biggest issues; this is also the case for older persons – accessibility for this is something that needs to be worked on.
- Home visits are being undertaken for older persons and the people who are on low fixed income.
- There will be specific issues for the disabled community in relation to access.
- There is concern in the community about people entering their homes who are not vaccinated. A large number of people who receive in home care are immunocompromised.

#### **4.2 Public Health Ngā Tai Ora**

- Paper was taken as read

### **5.0 UPDATE ON NORTHERN REGION SERVICES PLAN 2020/21 Q4 SUMMARY**

- Paper was taken as read
- Good progress in some area with steady progress in other areas.
- Have highlighted areas of success for Northland.
- The Northland Allied Health deep dive has been completed.
- Have come a long way to addressing issues since the last report and have significantly increased the number of allied health staff in the rural areas.
- The Auckland metro DHBs are now looking at undertaking a similar deep dive.
- The report provided no surprises and confirmed to us what we already know.

### **6.0 STATEMENT OF PERFORMANCE SIX MONTHLY UPDATE**

- Paper was taken as read.
- This is a 12 month consolidated report as a requirement of the Crown Entities Act.
- The falls programme, screening programme and blood sugar/diabetes management are all improvements that have come out of the report.
- The biggest impact of performance is COVID-19 and this is noted nationally.
- There will be new measurements coming out shortly.

### **7.0 COMMITTEE WORK PLAN UPDATE**

- Paper was taken as read.
- There are two more meetings left for this committee.
- Aware of the pressures that the Rural, Family and Community Health team are facing presently within the COVID-19 environment.
- Seeking guidance from the Committee on what the top 2 topics are that the committee would like to cover for the last 2 meetings.
- A lot of actions come out of these meetings which can result in needing substantial papers.
- It was agreed by the Committee that the following topics will be covered in the last 2 meetings:
  - December 2021 – Rongoa Māori & Acute Care of the Elderly
  - March 2022 – Oral Health including new initiatives & Policy on food and food poverty



- Committee Chair will work with GM PIPP to finalise this and report back to the committee.

## **8.0 NEXT MEETING DETAILS**

The date of the next meeting is Monday 6 December 2021 at the Tangihua Meeting Room, Tohora House, Whangarei Hospital.

There being no further business the meeting closed at 10.39am

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**EQUITY IN THE COMMUNITY CHAIR**

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**DATE**