



Summary of Consultation and Feedback on Draft for Consultation

Community Pharmacist Services in Northland 2019-2026 Strategic Plan

Consultation Period

28 March – 30 April 2019

May 2019

Executive summary

Over the course of a month (28 March – 30 April 2019), Northland District Health Board (Northland DHB) sought the views of community pharmacy contract holders and pharmacists; sector and government organisations; primary health providers and representatives; consumers; and its own staff on the proposed direction for community pharmacy and community pharmacists in Northland for 2019 to 2026.

The DHB received a good level of interest and engagement during the consultation period. The primary consultation channel was an online survey, through which 24 submitted responses were received. There were six emailed submissions, and staff recorded feedback from two drop-in sessions and four other meetings. Overall, there were 22 identified organisations represented through the submissions.

Key findings

This quote from a respondent sums up the general sentiment in the feedback received:

‘I support most of the visions, but I am concerned about the detail, about how these visions will be explored and implemented, that due diligence is done along every step in the process and that community pharmacy has the opportunity to be actively involved in this process’.

There was strong support for the vision’s sentiments and three pillar approach, involving patients, pharmacists and community pharmacies.

There was a mixed moderately positive response to the strategy to achieve the vision. The majority of the areas were supported, with some concerns about implementation, and a range of suggestions to make the approach work better. There was strong feedback regarding:

- Use of a term ‘count and pour’ as it devalues what pharmacists do
- Mention of working with the Ministry of Health to change the mix of Integrated Community Pharmacy Services Agreements (ICPSA) schedules funding
- Mention of splitting community pharmacy dispensing and advice functions before the national level review findings are released
- Use of ‘pharmacist’ and omission of ‘pharmacy’ in the title and within the document.
- Funding was raised frequently, and that services require additional funding – not a redistribution of existing funding.

There was a general sentiment that the document was not specific enough to be called a strategic plan.

Background

In January 2019 Northland DHB publically advised its decision, that to enable it to implement a community pharmacy strategy, a moratorium on Integrated Community Pharmacy Services Agreements (ICPSA) is in place. In this publication, Northland DHB advised that it 'wishes to consult and develop a community pharmacy strategy which will align to the direction of the New Zealand Health Strategy, the objectives of the Pharmacy Action Plan 2016-2020, and Integrated Pharmacist Services in the Community. The strategy will guide Northland DHB's decisions and actions about pharmacy.'

Consultation aim

The aim of the consultation was to seek feedback on Northland DHB's proposed strategic plan:

- Would it meet the needs and expectations of the patients, community pharmacies, and pharmacists?
- Are the vision and actions considered appropriate?
- What are the concerns or limitations on proposed actions?

Methodology

Northland DHB used several means to seek feedback from a range of stakeholder groups. Respondents were invited to provide feedback via an online survey, email, phone or face to face.

The consultation was launched on 28 March 2019, with an initial closing date of 23 April 2019. Following a request from a pharmacy contract holder, this was extended to 30 April 2019.

Consultation documents

A draft strategic plan and six-page summary document were produced for this consultation:

- Draft for Consultation: Community Pharmacist Services in Northland 2019-2026 Strategic Plan
- Summary document for consultation: Community Pharmacist Services in Northland 2019-2026 Strategic Plan.

Survey

A Survey Monkey online consultation survey was made available. It comprised of six questions regarding the consultation document. There were further questions asking if a response was required, and for contact details. All questions were optional, however Internet Protocol (IP) addresses were tracked to identify if multiple submissions were made by one user.

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Drop-in sessions

Two 'drop in' evening consultation sessions were arranged:

- Monday 8 April, 5.30-7.30pm in Whangarei
- Thursday 11 April, 5.30-7.30pm in Kerikeri.

Copies of the consultation documents were available, and key aspects were displayed around the room. Three key Northland DHB staff attended each session. The survey questions were set out on large paper sheets so that responses could be recorded during each session.

Northland DHB website and social media

Details of the consultation, a link to the survey, details of the drop-in sessions, the consultation documents, and direct contact details of a Northland DHB staff member were published at: www.northlanddhb.org.nz/home/community-pharmacist-services-in-northland. A button on the Northland DHB homepage www.northlanddhb.org.nz was also created, to encourage direct access for anyone visiting the Northland DHB website. The Northland DHB Facebook account was used to promote the consultation and drop-in sessions.

Email

Details of the consultation and how to provide a response, links to the webpage and survey, details of the drop-in sessions, and direct contact details of a Northland DHB staff member were emailed to:

- Northland DHB General Managers and key internal staff
- Northland DHB distribution lists for Northland community pharmacy contract holders and pharmacists
- Northland Community Pharmacy Service Development Group (NCPSDG)
- Pharmacy sector representatives:
 - Pharmacy Guild
 - Green Cross Health
 - Pharmacy Partners
 - Countdown
 - Nirvana
- Northland Primary Health Organisations (PHOs), who distributed out to Northland general practices
- The Pharmacy Council
- Medicines Control
- Pharmaceutical Society
- Ministry of Health
- Pharmacy Services Expert Advisory Group (PSEAG)
- Ngā Kaitiaka o te puna Rongoa (the Māori Pharmacists' Association)
- NZ Young Pharmacists
- Pacific Pharmacists Association.
- Pharmacy Today.

Public response

The DHB received a good level of interest and engagement during the consultation period. The online presence was successful, with a good number of survey responses; and other written feedback was constructive. While face to face engagement was sought by fewer people than expected, the conversations were in-depth and of high value. All feedback was documented.

Online and email

The Northland DHB webpage received 419 page views over the consultation period. Overall, there were 22 organisations represented through the consultation (Appendix 1).

Twenty-four responses were received through the online survey. Four responses were duplicates – coming from four individuals at one organisation. Most respondents identified themselves and the organisation they were associated with (where applicable). One anonymous response was received. Twelve of the survey respondents requested a response to their feedback.

There were six emailed submissions, three of which requested a response.

Pharmacy Today ran an article on the consultation.

Face to face

The two drop-in sessions were not widely attended, with less than ten attendees across both; however these provided excellent opportunities for the Northland DHB staff to engage in in-depth conversations with stakeholders. Notes from the conversations were written and displayed during the sessions.

Staff also discussed the consultation at a Northland Community Pharmacy Service Development Group (NCPSDG) meeting on 2 April 2019, and met with three stakeholders individually. Staff recorded notes from these meetings.

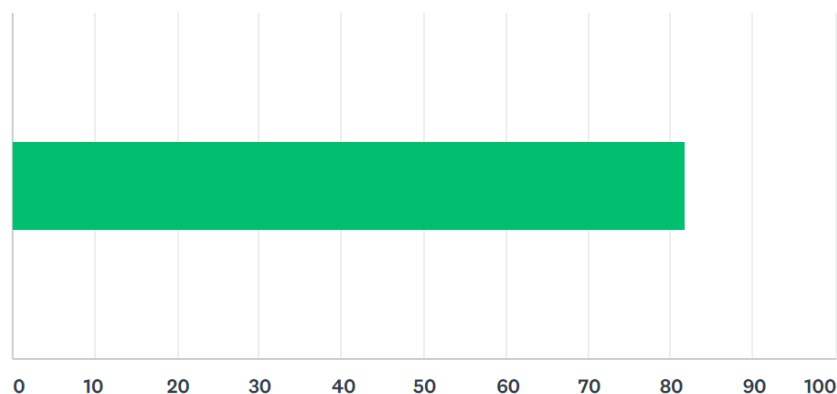
Feedback received

Question 1: The Vision for the future of community pharmacist services in Northland is appropriate

Survey participants were instructed to move a slider along a scale from 0 to 100, with 0 indicating that the vision is completely inappropriate, and 100 indicating that it is entirely appropriate. This question was only answered in the online survey.

Q1 The Vision for the future of community pharmacist services in Northland is appropriate

Answered: 24 Skipped: 0



This question received a strongly positive response from most of the 24 respondents, with an average (mean) response of 82 from a possible 100. Ten of the 24 respondents provided a score of 100, and the majority of scores were above 65. There were three low scores, ranging from 11 to 35.

Question 2: Please provide your thoughts on the Vision

This was an open ended question. There were 23 responses to this question in the online survey, and further comments were received via the other consultation channels.

The responses were overwhelmingly positive:

- Support for the three pillar approach which recognises patients, pharmacists and pharmacies
- Support for the vision's aspirational goals: 'This document starts the conversation'
- Positivity towards recognition of the importance of community pharmacy to people, and of the often under-utilised skills of pharmacists
- 'Pharmacy can contribute so much to primary care and the communities we all serve'
- Support for the push to reduce health inequities through greater use of and support for community pharmacies and pharmacists.

Other feedback included concerns and recommendations for improvement:

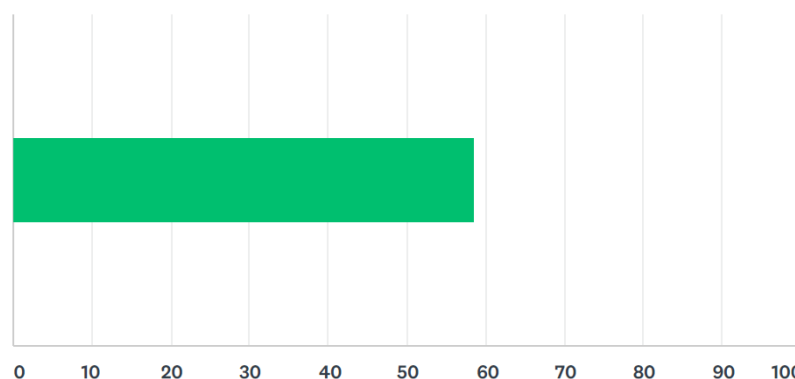
- Consider using a different word to 'important' for community pharmacies. Maybe 'valued'. Consider why pharmacies are there and what they do
- Moving pharmacists to a more clinical role must be funded appropriately. This requires extra funding (including funding for the transition 'hump'), not taking from one area and transferring it to another
- Questions if the vision was achievable. Several respondents stated that more work needed to be done to enable the vision to be realised
- Request to consider New Zealand Sign Language (NZSL) for the deaf population: 'There are no pharmacies in NZ with signage in NZSL. For a community within NZ who communicate primarily in NZSL, medicines advice and thus empowerment is out of their reach'
- Concern that the intent is to reduce funding for community pharmacy
- Replace the pillars with specific, measurable, achievable, relevant, time-oriented (SMART) goals and objectives. Include reducing inequity as one of the measures for all objectives.

Question 3: The Strategy for achieving the Vision for the future of community pharmacist services in Northland is appropriate

Survey participants were instructed to move a slider along a scale from 0 to 100, with 0 indicating that the strategy is completely inappropriate, and 100 indicating that it is entirely appropriate. This question was only answered in the online survey.

Q3 The Strategy for achieving the Vision for the future of community pharmacist services in Northland is appropriate

Answered: 24 Skipped: 0



This question received a mixed, moderately positive response from the 24 respondents, with an average (mean) response of 59 from a possible 100. Two of the 24 respondents provided a score of 100, and 12 provided a score between 49 and 51. There were three low scores, ranging from 15 to 45.

Question 4: Please provide your thoughts on the Strategy

This was an open ended question. There were 24 responses to this question in the online survey, and further comments were received via the other consultation channels.

The comments have been split by topic as presented in the draft document.

General comments

- There were a range of comments that the strategy lacked detail, and should be set out with specific objectives and timeframes. There was concern that these ideas would not be developed or consulted further before being implemented
- 'Most of the ideas in the document, as a vision are worth pursuing, providing due diligence is done. Some of the ideas may not be feasible.'

Pharmacy Quality Standards

There was general support for the Community Pharmacy Quality Standards, and some questions as to where they came from. There was some concern regarding longer opening hours as a sign of quality. Comments included:

- 'Agree with focus on quality standards for community pharmacy. It is appropriate that these are measured based on patient outcomes'
- Like that 'provide all medicines' is required
- Like the balance access v promoting health (e.g. don't sell cigarettes, alcohol, etc.)
- Support development of smart systems, and recommend an information system for patients, which should be primary/secondary integrated, able to receive prescriptions, create alerts, gain consent, send text reminders, and responses, support mobile phone use, and act as a repository
- What is the context of these standards? How were they developed and why should we adopt them?
- Longer opening hours - make it clearer that this is just one option/thing. Change wording to opening hours to suit patients. There are all sorts of options to improve access: Facebook, depots
- Define e-pharmacy and include technicians where appropriate.

System Level Measures (SLMs)

There was general support for using System Level Measures, but some concerns about the expectation on community pharmacy to achieve these:

- 'We welcome the inclusion of community pharmacy in the achievement of system level measures, as having alignment of goals amongst primary healthcare providers (GP Clinics, Community Pharmacy etc.) will encourage collaboration'
- Concern with expectation on pharmacy to achieve against SLMs - Aggregated data can be muddy due to the combined practice and pharmacy influence
- The ways outlined that pharmacy can contribute to SLMs is very high level, and pharmacy could only contribute indirectly
- Wording error picked up regarding babies in smoke-free households

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- Understand and support the workforce
- There was general support for understanding and supporting the workforce, and extended training. There were a lot of questions and ideas about how to increase the number of Māori pharmacists, and many comments that Pharmacy Accuracy Checking Technicians (PACT) are not currently a viable model
- How will you get Māori pharmacists? Bonded scholarships? Pharmacy recruitment is hard! Make it attractive. Work with WINZ and do school level engagement
- 'I don't believe engagement is all about the ethnicity of the pharmacist involved'
- Offer Māori scholarships and cadetships funded by DHB, and consult with the Ngā Kaitiaka o te puna Rongoa (the Māori Pharmacists' Association)
- 'I'd like to see the strategy including providing education to pharmacist about how to communicate with Deaf and Hard of Hearing Patients, and other disability groups'
- We don't need all pharmacists to become advanced. Count and pour is essential
- There are significant pressures on pharmacists as there are not enough highly skilled technicians: Recommendations to educate and incentivise technicians
- Currently get more value from a newly graduated pharmacist than a PACT: the qualification is not working as intended
- Empower pharmacists via pathways.

Improve primary integration

There was a mix of support for the concept, but reservations about how this would work in practice. An extended role for community pharmacists was supported and expanded upon. Comments included:

- 'A vital part of the strategy'
- It is unclear how other health providers, including Māori and community, would be included in the implementation. ... "have reservations on strategy to "Improve primary integration" as it doesn't involve the primary key people on the ground"
- Relationships are key. Some health communities are integrated already
- Support for getting pharmacists into general practice - less errors, better systems
- Support for including pharmacists in multidisciplinary teams (MDT), consider for neighbourhood healthcare homes too
- Consider pharmacy-based nurse practitioners
- Provide support from clinical pharmacist facilitators in general practices – referral based and on site
- Would like to see community pharmacists included in PHO training (not limited to clinical pharmacists)
- Make the employment of pharmacists clearly defined from community pharmacy: 'don't pinch staff.'

Improve communications

There was general support for improved communications. Pharmacist access to practice/patient management systems (PMS) was particularly well supported. Comments included:

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- ‘Pharmacists working closely with general practice - Memorandum of Understanding (MOU) according to general practice needs and patient needs, particularly for Māori and high needs populations’
- Allowing pharmacists’ access to PMS ‘could have significant benefit for patient outcomes and improve workflows, as it embeds pharmacist’s role as part of the healthcare team’
- Support for a shared care platform - active utilisation of Whānau Tahi. ‘Whānau Tahi has so much potential’
- NZePS would help (including in the hospitals).

Encourage nationwide change

There was significant concern about the DHB working with the Ministry of Health to ‘change the mix of funds in each of the ICPSA schedules’:

- ‘This is because the Ministry of Health are not a party to the ICPSA, it is a contract between the individual community pharmacy and the DHB.’

There was support for encouraging some other nationwide change:

- Robotics is high cost, but very accurate. They can be very efficient; however the compliance required is too high. ‘Can you support reduced compliance burden?’
- Concerns regarding the Open Polytechnic allowing those that aren’t suitable to gain their qualifications
- There is a challenge regarding the Pharmacy Council PACT training: Too rigid for the staff looking at doing the training.

Get better information

There was general support for getting better information. Suggestions beyond those proposed were:

- Suggest funding local research
- Get clinical guidance and ensure plans are in line with national processes.

Commission effectively

There was general support for extending services and quick wins, and concerns about being appropriately funded for these extended services. There was general support for a contracting policy, and some wariness about how this might be used in the future for current pharmacies. One question raised was:

- ‘What is the burden on general practitioners referred to?’

Implement a contracting policy:

- ‘I am supportive of a contracting policy for pharmacy services in theory, assuming that the aim of such a policy is to introduce criteria for ICPSA applications, such as requiring potential new entrants to demonstrate how they will address access issues and unmet community need’
- ‘This policy would deal with the issue of increasing pharmacy numbers which has led to too many smaller, low service operations who cherry pick the easy things’

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- Support for redistribution of pharmacy services by locality, according to need
- 'I would like to see, and assume the DHB would prefer, larger pharmacies focused on offering increased services to their communities, noting that in smaller rural areas larger pharmacies are not always possible'
- 'You do mention that this contracting policy may be used to direct local sector change in the future. I am not sure exactly what is meant by this, or even how this would be possible given the ICPSA agreement already in place'
- Concerns about pharmacies coming into Northland that have low co-payments and/or a discounting model: 'many businesses would be unviable if they had to absorb the \$5 co-payment.'

Review and improve existing services:

This was generally supported. Community pharmacy contract holders, wanted to see what this review would look like, and be involved in the process.

Extend services:

- 'We support the pragmatic approach of the DHB to look at identifying and implementing "quick wins"'
- Intervention funding is great. But how to ensure these are not perverse incentives?
- The problem is that there is lots of delivery, but it is hard to quantify inputs and outcomes
- Challenges to keep up - want to do better/more, but need to be funded for it
- Ensure pharmacies don't become silos - all with different services
- Patients could ring a pharmacist? Primary Options Acute Demand Management Services (POADMS) approach?
- Explore options for population health services such as screening, weight management, and brief interventions
- What about home visits for medicines management?
- Set up of packages of care for patients
- What kind of remuneration for minor ailments?
- Concerns regarding pharmacists offering services - liability may impact pharmacies
- 'Pharmacy through LTC managed patients identifies poor compliance and can save the DHB a lot of money if these identifiable patients were able to be helped.'

Plan for the future

There was support for exploring innovative ideas, but questions about how change would be funded. There was substantial negative feedback about using the term 'count and pour', and the reference to splitting of dispensing from advice before the national review process was completed.

Plan more extended services for the future:

- Explore innovative ideas such as pharmacy based nurse practitioner
- How will triage and credentialing work, what about standing orders?

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- ‘Does not address potential funding streams for new services. If there are less GPs in future where do those funds go? Funding could be shifted, but the current funding model does not support extended services.’

Other ways to optimise pharmacy systems:

- ‘The reference to “count and pour” does significant disservice to the important role Pharmacies play in safe medicine supply’
- Dispensing process gives so much information about patients - soften approach to splitting services. Some consumers want easy dispensing, but some need more support. Trust is developed through discussions. Many sought clarification on when this is proposed and the process to get there
- Hub and spoke won’t work in Northland. Wastage is very high in these models
- ‘Very concerned about the suggestion of splitting dispensing into medicine supply and professional advice, and potential development of dispensing hubs - adding an extra step into the process is not going to create efficiencies’
- ‘I am surprised that the Northland DHB would pre-empt this in a strategy when they are aware of the national process underway to review ICPSA Schedule 1’
- Count and pour is essential, and cannot be separated as it triggers advice. Separation may not be practical.

Question 5: What, if anything, would you want to change in the document?

This was an open ended question. There were 21 responses to this question in the online survey, and further comments were received via the other consultation channels. Comments included:

- The name of the document, as it did not refer to community pharmacies specifically. The use of the term ‘Community Pharmacist Services’ was met with unrest, with comments that there is ‘fear that Northland DHB is trying to revert back to IPSCA concepts overwhelmingly rejected during contract negotiations’
- Minimise bureaucracy, forms and reporting
- Include technicians with pharmacists where appropriate.

Question 6: Do you have any other comments?

This was an open ended question. There were 23 responses to this question in the online survey, and further comments were received via the other consultation channels.

Compliance and administrative:

- Pharmacy is at the end of the line, and makes everything above it work. Fixing a script can take 10-20 minutes. Pharmacy is not paid if there is an error; however there is no impact on the prescribers. Pharmacists don’t want to be the ‘traffic cop’
- Please support ‘favourites’ being removed from TONIQ and MedTech
- How to charge to community mental health? - link up better
- Will whole pack come? Difficulties until PHARMAC get this sorted

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- Therapeutics Bill - can't share meds/products across pharmacies
- Deliveries of medication are of concern: patients just take it.

Roles:

- Clarify - what is pharmacy doing wrong? (not doing enough of)
- Ensure we reflect established national pharmacist roles and scopes. Only 'pharmacist' and pharmacist prescriber' are recognised scopes of practice. Others mentioned are roles, relates to skills and qualifications
- Define pharmacist role in disaster response and emergency preparedness
- Pharmacists have passion and deliver
- Job might not change much... but funding of activities will be
- Three parts: Checking scripts & patient file; count and pour; patient liaison and file
- The challenge is to not waste time
- People, especially younger people, are convenience driven.

Funding:

- 'I agree that Community Pharmacists/Community Pharmacy has a role to play in deprescribing and decreasing Polypharmacy, but for these to be achieved there needs to be a lot of investment to achieve this'
- The way that the funding from Northland DHB is presented is misleading. Drug costs are determined by PHARMAC, and volumes dispensed are determined by prescribers
- Business must be sustainable and roles attractive. New services need more funding
- The term 'Low cost' is concerning – Low cost to who? Northland DHB or patient? Make it clear the Northland DHB doesn't want pharmacies to do more for less money
- Lots of people don't pick up meds. Lots cannot survive without \$5 co-pay. Can we find a way for Northland DHB to take \$5 co-pay away? Include links to WINZ
- 'I could be doing so much more with my time'. Dispensing is not just what we do. Too many scripts are a loss. Used to have \$2 'fat' per script. Tight margins have reduced our ability to be charitable with patients
- Up skills, up funding
- Remind patients how much they are being subsidised? Used to have this (but now some scripts are worth less than \$5).

Consultation document and process:

- Short consultation period
- The name of the document does not include pharmacies
- Concerns regarding the process to research and develop the draft document, and the amount of involvement and engagement of interested parties
- Concerns as to how well the strategies and plans, and particularly the Pharmacy Action Plan are reflected in the draft document
- A desire for more detailed information in the background sections
- A request for feedback to be made public

Appendix one: Organisations that responded

- Countdown Pharmacy
- Green Cross Health
- Health Consumer Councils of New Zealand
- Kaeo Chemist Limited
- Kawakawa Pharmacy
- Kensington Pharmacy
- Life Pharmacy Orrs
- Manaia Primary Health Organisation
- Maunu Pharmacy Limited
- Northland DHB:
 - Te Poutokomanawa (Māori Health Service Directorate) and Population Health Unit (joint submission)
 - Pharmacy
 - Sexual Health 123 Clinic
- Ngāti Hine Health Trust and Far North pharmacies (joint submission)
- Northland Health Consumer Council
- Orrs Pharmacy
- Pharmaceutical Society of New Zealand
- Pharmacy Council
- Pharmacy Services Expert Advisory Group (PSEAG)
- Rust Ave Pharmacy
- Te Hiku Hauora
- Unichem Kamo Pharmacy
- Unichem Kerikeri Pharmacy
- Unichem Onerahi Pharmacy
- ZOOM Pharmacy.