

Pharmacy Action Plan 2016 to 2020

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Foreword

My vision is to have a health and disability system that provides world-class, high-quality services that support improved wellbeing and independence for all New Zealanders. We enjoy good health and health services in New Zealand, but these services will be under pressure in the near future as our population ages and the burden of long-term conditions such as diabetes, heart disease and dementia grows. Looking to the future, we will need to work differently to meet changing health needs.

I am keen that we realise the full potential of our highly skilled and dedicated pharmacy workforce in responding to these changes. This Action Plan sets out a five-year programme to support their involvement.

Pharmacists already contribute substantially to the effectiveness of the health and disability system. The Plan recognises their future role as valued members of integrated health care teams, spanning primary and secondary care. With their complementary expertise, each team member contributes to improved health outcomes for the populations their team serves.

Smart systems will enable this integrated, 'one team' approach. In the future, all members of the health care team will be able to access, contribute to and share relevant clinical information that will form part of each individual's personalised electronic health record. Other technologies will be harnessed to automate and streamline systems that improve access to and delivery of health care.

Pharmacists are an integral part of most people's experience of health care, both in the community and in hospitals. However, the current system does not make the best use of pharmacists' unique skills. Although many of their roles focus on supplying medicines, they also have the skills to help people use medicines safely and effectively and to reduce medicine-related harm. They can contribute much more in these ways if we make better use of the pharmacy technician workforce, including by implementing the pharmacy accuracy checking technician (PACT) role.

Seeing pharmacy as much more than the traditional model of supplying medicines, this Plan describes a range of services that pharmacists could provide across a range of settings, including, but not limited to, community and hospital pharmacies. It offers an opportunity to define the direction for these services over the next five years, and set priorities for actions that can be implemented at national, regional and local levels. More importantly, it signals our intention to make the most of pharmacists' skills for the benefit of all New Zealanders.

Hon Dr Jonathan Coleman
Minister of Health

Executive summary

The Pharmacy Action Plan describes a future in which pharmacist services, as an essential part of a people-powered integrated model of care, are delivered in innovative ways, across a broad range of settings, so that all New Zealanders have equitable access to medicines and health care services. Although the pharmacist workforce is young and highly qualified, their skills remain underused in the wider health setting. Yet good evidence shows that making better use of these skills will improve health outcomes and make the use of medicines safer.

The aim of the Pharmacy Action Plan is to unlock pharmacists' full potential so that they can deliver maximum value to the health system and contribute to the objectives of the New Zealand Health Strategy.

New Zealand Health Strategy

The New Zealand Health Strategy provides the overarching umbrella for this Action Plan. The Strategy has five themes:

- **people-powered** – understanding people's needs and wants, partnering with them, improving health literacy, supporting people to navigate the system and encouraging and empowering them to manage their own health and wellbeing
 - **closer to home** – the right services, delivered closer to where people live, learn, work and play and a focus on wellness and prevention of long-term conditions
 - **value and high performance** – focusing on improved performance and outcomes, transparent use of information, strong performance measurement, striving for equity of health outcomes, integrated operating models and the use of investment approaches to address complex health and social issues
 - **one team** – operating as a team in a high-trust system, making the best use of our workforce, leadership and talent development and strengthening the roles of people, families, whānau and communities
 - **smart system** – having reliable information, data and smart information improving evidence-based decisions, standardised technology allowing us to easily change to more efficient approaches and being able to take advantage of opportunities that new and emerging technologies present.
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This Action Plan was developed as a way of addressing the need to provide sustainable, high-quality pharmacist services in a complex and evolving environment. It emphasises the importance of taking an integrated, coherent approach so that all are clear on the role they have to play in making its vision of the future into a reality.

There is general agreement that we face complex challenges that make it more difficult to use pharmacists' skills more effectively. However, there is also confidence that we can work together to address these challenges, using the very real strengths of our system and the experience and skills that everyone brings to their roles.

The Pharmacy Action Plan is divided into four 'focus areas' and four 'tools for change', each of which contains a number of actions. Consultation feedback agreed that each action should have an organisation or group of stakeholders with lead accountability for it, while also understanding that all would need to play their part for each action to succeed.

The following are the Action Plan's focus areas.

Population and personal health has a people-powered focus. Pharmacists will provide public health interventions that support people to manage their own wellbeing and have the best possible health throughout their lives, and to easily access support close to their home. For example, pharmacists will contribute to screening for and reducing diabetes and obesity and to improving population health literacy.

Medicines management services sees pharmacists delivering value and high performance. Pharmacists will work collaboratively as part of an integrated team that helps to improve health outcomes by providing a comprehensive range of medicines management services. For example, mobile pharmacist services will support more people to take their medicines appropriately and pharmacists will work in general practice teams to deal with polypharmacy – that is, issues related to prescribing many medicines or inappropriate medicines.

Minor ailments and referral sees services being delivered closer to home. People will have equitable and timely access to self-care advice, treatment of minor ailments, acute demand triage and appropriate referral. Examples of such services are: emergency department triage services, which include pharmacists and other members of the health care team; and, in primary care, community-based minor ailment services for priority populations.

Dispensing and supply services: to use the pharmacist workforce and smart systems more effectively, the dispensing process will be redesigned to ensure an accessible, sustainable and efficient medicines supply chain. When smart systems are used well, all New Zealanders can have timely and equitable access to these services wherever they live. For example, accuracy checking technicians will make pharmacists more accessible to New Zealanders and greater use of electronic prescribing systems in aged care will reduce waste and provide more integrated services.

The Action Plan's key tools for change are as follows.

Leadership is an essential part of our 'one team' vision. A cohesive team approach to leadership is needed within the pharmacy profession and across the health and disability sector. To progress towards our vision, everyone needs to think and act differently, to clarify leadership roles and to look at how they interact with others so that they can focus efforts to improve the system. Active partnerships with people and communities are needed at all levels.

Smart systems: Technology will be easy to access and contribute to improved health outcomes. The actions here are critical to the success of the Plan, strongly align with the national information technology strategy and help to create a high-performing system that people have confidence in.

Workforce: The capacity and skills of the existing pharmacist workforce will be fully used while we also develop their skills so that in the future this workforce can deliver a wider range of integrated services in a wider range of settings. Culturally competent practice is essential; in particular, it acknowledges the special relationship with Māori and the commitment to partnership, protection and participation under the Treaty of Waitangi.

Regulation: A robust regulatory regime is vital for delivering high-quality integrated health services that are safe and effective. To achieve this vision, the Government is ensuring that the law helps rather than hinders progress towards this vision.

The Action Plan indicates which actions are likely to be priorities over the next five years. However, all actions may change if there are changes in priorities, costing and funding available over the period this Plan covers.

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Introduction

Purpose

This Pharmacy Action Plan describes some key ways in which pharmacist services in a range of settings will contribute to the future direction of the New Zealand health system, as set out in the *New Zealand Health Strategy* (Minister of Health 2016a). It identifies a set of focus areas and specific actions to be taken over the next three to five years, at national, regional and local levels. These actions give a further level of detail beyond that provided in the *New Zealand Health Strategy: Roadmap of Actions 2016* (Minister of Health 2016b), and should be read along with the Roadmap and its future updates.

The Action Plan focuses on developing pharmacist services within an integrated health and disability system that supports people to stay well throughout their lives. It outlines how pharmacists, other health practitioners, funders, key organisations and the Ministry of Health will work together to support transformation, innovation and new integrated models of care that will meet the challenges our health system is facing and improve health outcomes for all New Zealanders.

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,¹ 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.²

Why develop a Pharmacy Action Plan?

In a Pharmacy Action Plan, it is possible to identify specific ways in which the pharmacy workforce will contribute to the overall themes and action areas of the New Zealand Health Strategy.

Through this Action Plan, the health and disability system will be able to make better use of pharmacists' skills, in particular their expertise in using medicines safely and effectively, to improve health services and health outcomes for all New Zealanders. This can only be achieved through an integrated operating model that involves all players in the health system working together and uses the complementary skills of pharmacists, nurses, general practitioners (GPs) and other health professionals to achieve much greater benefits for the consumer and the health system than currently.

1. The term 'people-powered' comes from the New Zealand Health Strategy. Terms with the same or a similar meaning are 'patient-centred' and 'people-centred'.
2. This vision focuses on pharmacist services; it is intended to be fully consistent with the New Zealand Health Strategy's overall vision for the health and disability system.

Work is already under way to strengthen collaboration, but more needs to be done (Pharmaceutical Society of New Zealand and New Zealand Medical Association 2015). While improvements in the way health professionals work together can strengthen person-centred care, changes to the system and organisations are also needed for a stronger collaborative approach. Under the New Zealand Public Health and Disability Act 2000, district health boards (DHBs) must work collaboratively with key stakeholders to plan, prioritise and coordinate at local, regional and national levels to achieve the most effective and efficient delivery of health services. Our service delivery models need to match supply to local need, while ensuring people can access the services they need, particularly in hard-to-reach areas.

Pharmacy within the health and disability system

One set of key challenges that the New Zealand Health Strategy discusses relates to health workforce sustainability. One aspect of dealing with these challenges is to make full use of the pharmacist workforce, as part of the wider health system. At the moment, even though this workforce is young and highly qualified, their clinical skills remain underused in the wider health setting. Yet good evidence shows that making better use of pharmacists' skills will improve health outcomes and make the use of medicines safer.

New Zealand has more than 3500 practising pharmacists. Around 75 percent of these work in community pharmacies, providing a range of services. There are close to 1000 community pharmacies, which over 1.3 million people visit each month. The community pharmacist is often the part of the health system that people have the most regular contact with and the easiest access to.

Hospital pharmacists make up 13 percent of the pharmacist workforce. They have an integral role in the health care team, providing services across a broad range of specialities.

Around 2 percent of pharmacists work in primary care teams. They provide advanced-level medicines management services in a variety of practice settings, including general practices and primary health organisations (PHOs), working collaboratively with other members of the health care team.

Together, this network of services has the potential to contribute significantly to creating a more people-powered health system that is closer to home.

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Establishment of the Pharmacy Steering Group

The Ministry established the Pharmacy Steering Group in November 2014. The members of the Steering Group have a wide range of primary care, secondary care, medical, nursing, pharmacy and governance expertise and experience.

The Steering Group's terms of reference are to provide independent advice to the Ministry of Health to support better use of pharmacists' skills, to help integrate pharmacy services with other health care services and to inform the Ministry's development of programmes involving pharmacy services.

The Pharmacy Action Plan was developed in conjunction with the Ministry of Health's Pharmacy Steering Group. During public consultation from 12 October to 23 November 2015, consultation meetings were held with a wide range of stakeholders including significant numbers of consumers. In addition, 101 written submissions were received. Overall, all parts of the sector strongly supported the Action Plan. To see the analysis of submissions, visit the Ministry of Health's website.

Challenges facing our health system

Our health system is facing a number of challenges. These challenges strongly influence our drive to change what we do and how we do it.

Our ageing population and the growing burden of long-term conditions

New Zealanders are living longer, with both men and women having a life expectancy above the Organisation for Economic Co-operation and Development's average. Because of this higher life expectancy, along with the growing burden of long-term conditions such as diabetes and an increasing incidence of risk factors such as obesity, our health system is under increasing pressure and some New Zealanders are experiencing poorer health outcomes.

Our health workforce

The overall health workforce is ageing and unevenly spread across the country. It will not meet the demand for health and disability services that is anticipated for the future. In addition, it does not always reflect the makeup of the communities it serves, for example, in terms of its ethnic representation.

Access and equity

The World Health Organization defines equity as 'the absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically or geographically'. The concept acknowledges that not only are differences in health status unfair and unjust, but they are also the result of differential access to the resources necessary for people to lead healthy lives.

New Zealanders have the right to experience health equity through access to high-quality health and disability services that are responsive to their needs and hopes for their health (Ministry of Health 2014a).

An overarching principle is that this Action Plan should help to improve access and equity of health outcomes for Māori, Pacific and other priority populations. The Action Plan also recognises that the increasing ethnic diversity of our population is an important reason why health professionals need to be culturally competent. A key goal is to understand and meet people's needs and improve their experience of services – whether they are well or receiving care in the community or in hospital, and no matter where they live. A partnership approach, involving people in planning and designing services, will help to achieve this goal.

An overarching principle is that this Action Plan should help to improve access and equity of health outcomes for Māori, Pacific and other priority populations.

Two key Ministry strategy documents, *He Korowai Oranga* and *'Ala Mo'ui*, outline actions to improve health and wellbeing for Māori and Pacific communities respectively (Ministry of Health 2014c, 2014b). Guided by these documents, this Pharmacy Action Plan offers actions to build partnerships between the pharmacy workforce and Māori and Pacific families and communities so that together they can develop initiatives that improve Māori and Pacific health outcomes. To achieve these partnerships, the cultural competence of the workforce must be further developed and strengthened. The Action Plan also includes actions that proactively support an increase in the numbers of Māori and Pacific peoples in the pharmacy workforce to better reflect the proportion of Māori and Pacific peoples in the New Zealand population.

Health literacy

Health literacy is 'the capacity to find, interpret and use information and health services to make effective decisions for health and wellbeing' (Ministry of Health 2010). Pharmacists can help to improve health literacy by making the most of people's existing knowledge and tailoring information and advice about how to use medicines effectively, and how to improve health and wellbeing, to meet the specific needs of each person. The goal is to empower people, especially those living with long-term conditions, to manage their own health.

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Information and technology

Rapid changes in technology will impact significantly on pharmacy practice and, in particular, provide new opportunities to transform the current dispensing model. An increasingly 'technology-savvy' public will have changing expectations of how and where health care, including the supply of medicines, should be delivered.

A growing fiscal and sustainability challenge

Health continues to use an increasing proportion of total government expenditure in a constrained funding environment. As demand for health services continues to grow, achieving value for money is imperative.

The international context

Health systems around the world face similar challenges to those outlined above, including challenges to the future affordability of services. Without changes to service delivery models, health provision will prove unsustainable in the long term.

Internationally, it has been recognised that one way to address many of these challenges is through making best use of primary health care as a cost-effective way of keeping people in good health. Pharmacists have been identified as having an increasingly important role in the primary care team. Some countries have policies that support the use of pharmacists to deliver public health interventions, in particular by helping to encourage healthier lifestyles. Among the various international examples that may point the way ahead are the following.

Pharmacists have been identified as having an increasingly important role in the primary care team.

- Funded ‘minor ailment’ schemes have proven successful in supporting acute demand strategies in the United Kingdom (The Scottish Government 2013).
- A number of countries have taken initiatives to encourage greater collaboration between health care teams in general practice and pharmacists in caring for patients (Hatah et al 2013). This work has an interdisciplinary focus, with people at the centre, and the team members share information.
- Scotland recognises the community pharmacy infrastructure and supports it with pharmacist prescriber clinics in community pharmacy settings. Alongside minor ailment and chronic medication schemes, the community pharmacy in Scotland provides an additional 1254 community-based health care hubs that people can readily access (The Scottish Government 2013).
- The United Kingdom’s Government recently announced £15 million to fund, recruit and employ pharmacists in GP surgeries. The initiative will run for three years, with pharmacists taking up work in general practices from late 2015 onwards. General practices will employ pharmacists directly. The scheme will focus on areas of highest need, where GPs are under greatest pressure, and aims to build on the success of general practices that already employ pharmacists in roles where they work with patients (Snow-Miller 2015). Some of the expected benefits are that pharmacists will provide extra help to manage long-term conditions and specific advice for those with multiple medications, and will help to improve access to health checks.
- In Australia, pharmacists conduct Home Medication Reviews. Although pharmacists are not permitted to prescribe, other health professionals such as nurse practitioners, podiatrists and optometrists are authorised to prescribe within their scopes of practice.
- The United Kingdom, United States of America and Canada have pharmacist prescriber roles. Pharmacists are also authorised to conduct medicines management reviews (Hatah et al 2013).
- Increasingly, robotic technology and pharmacy technicians are used to dispense medicines, freeing up pharmacists to deliver more clinically focused services. Online requests and home deliveries are further changing the role of the community pharmacy (Smith et al 2014).

These international examples provide working models that have informed the strategic direction and many of the actions in this Plan. See Appendix 1 for more details on the roles of pharmacists and pharmacy services in the international context.

A strategic response

The response of pharmacist services to the challenges facing the health system needs to take account of the New Zealand Health Strategy, as the overarching framework for the health system, as well as of other strategic initiatives with particular relevance to pharmacist services.

New Zealand Health Strategy

The New Zealand Health Strategy contains five themes that describe the future direction for the overall health system:

- **people-powered** – supporting people to understand and manage their care and make choices, and to have a say in service design
- **closer to home** – providing services closer to home and in an integrated way, with a view to promoting wellness at all stages of life and preventing and managing long-term conditions
- **value and high performance** – improving performance and the culture of performance in order to get better outcomes, equity of outcomes, experience of care and value for resources
- **one team** – strong leadership and a capable workforce working as one team in a high-trust system
- **smart system** – a system that learns and shares innovations, and makes good use of new technologies, information technology, and data.



The following sections describe how pharmacist services have the potential to have an impact on each of these themes.

People-powered

Through engaging with consumers in the development of this Plan, the Pharmacy Steering Group gained significant insights into the potential future of pharmacy and opportunities for change in pharmacists' roles in the health system.

The Ministry of Health and DHBs will continue to engage with the sector and consumers on pharmacy's strategic direction. They will continue to apply the people-powered approach in designing minor ailment service models and in structuring medicines supply services to meet community need.

Backed by the Health Strategy, the people-powered approach develops modern ways to engage with people so that they are supported to manage and improve their own health. These approaches will also help health professionals to reinforce healthy behaviour through opportunistic interactions.

Closer to home

Pharmacist services will be available through a wider range of more convenient, integrated settings. Today's community pharmacies will form part of this future, likely offering an expanded set of preventative services (e.g., immunisation). In addition, pharmacists will increasingly operate in other health settings such as general practice and rest homes, as well as in people's homes and virtually. It will be more common for pharmacists to be working closely with prescribers and consumers, providing the health system with better value for money through improved medicines management services.

Value and high performance

The location and reach of New Zealand's pharmacy services have been established in a piecemeal way over the last 100 years. As a result, many pharmacies are now operating close to each other in some locations, while other communities have limited or no local services. As the population continues to grow and move, DHBs must more actively and cost-effectively match modern supply to community need if they are to meet their statutory requirements.

Part of this work will be to develop new, more convenient services for communities to help reduce inequities in a modern health system. New services must be cost-effective to the whole system, materially reducing daily pressure on general practice teams and other acute care settings so that clinicians can prioritise people with more complex needs.

One team

Integrating pharmacist services more closely into health care teams of New Zealanders is a unifying theme in the Pharmacy Action Plan. The 'one team' theme paints a future in which the capability and capacity of pharmacists are fully used in providing wellness and health services to communities. In this future, all prescribers and consumers have access to expert advice on the most effective way to manage medicines. In addition, pharmacists are seen as essential members of health care teams and more commonly operate in a wider range of health care settings.

The Ministry, DHBs and others in the health sector will work collaboratively to develop leadership capability within pharmacy and ensure its workforce evolves to reflect future requirements.

Smart systems

To achieve more integrated, more effective and more convenient pharmacist services, we will need smarter systems that deliver reliable and accurate information to a consumer's chosen point of care. Our priority is to invest in systems to make this vision for the future into a reality. Once in place, these smart systems will create a modern platform for online individual health records. Consumers will be able to access and contribute to their own records, laying the foundations for them to actively engage in their medicines management.

The pace of technological change will continue to increase, driving innovation in medicines supply. Such innovations include increased use of robotics at scale, and rapid advances in pharmaceutical interventions (preventative, diagnostic and curative) that are customised to individuals. Pharmacists will play a vital role in this future, meaning that they will need to increasingly work alongside prescribers and consumers.

The wider strategic context

Implementing Medicines New Zealand 2015 to 2020

In 2015 the Ministry of Health released a new action plan, *Implementing Medicines New Zealand 2015 to 2020* (Ministry of Health 2015a). It identifies the following seven impact areas to achieve the three core outcomes set out in the Government's Medicines Strategy:

- making the most of every point of care
- enabling shared care through an integrated health care team
- optimal use of antimicrobials
- empowering individuals, families and whānau to manage their own medicines and health
- optimal medicines use in older people and those with long-term conditions
- competent and responsive prescribers
- removing barriers to access.

This Pharmacy Action Plan identifies how its actions align with these seven impact areas.

Better Public Services

The Government has set out its priorities through the Better Public Services target areas. Pharmacy has a role to play in achieving these priorities. There is the potential to provide pharmacist services in a broader range of settings to a wider range of populations, to ensure people manage their medicines appropriately.

For example, when they use medicines in the optimal way and take them as recommended (that is, achieve medicines adherence), people are more likely to stay well. They may also be able to remain in employment rather depending on welfare assistance.

Pharmacists are already contributing to the management and treatment of conditions such as rheumatic fever to improve health outcomes for children in high-risk populations. Initiatives such as rapid response clinics and the provision of medicines advice and support to parents and caregivers are some examples of successful interventions.

New ways of working

Our health system must deliver people-centred, team-based care that is safe, effective and culturally appropriate and that reflects community needs.

It must meet the health needs of all New Zealanders within the resources available. To achieve this, new ways of working and new service models will be required.

To make new service models truly people-centred, we can partner with the people these services are intended for and involve them in planning and designing the services.

Funders will need to work closely with primary, secondary and community health care service providers to develop new, flexible ways of purchasing and contracting services so that these new people-centred, collaborative models of care operate in practice. To get new funding, service providers will need to develop a robust business case detailing proposed service changes and the net benefits of those changes to the wider health system. Such funding will also depend on whether it is made available by reprioritising funding across the health sector.

This Action Plan includes a number of innovative case studies that are good examples of how collaboration is already working well for different health services.

Focus areas

The New Zealand Health Strategy and other strategic documents identify key areas for change that will help improve outcomes and make the system more sustainable.

To make these changes happen, we need new models of care that make the best use of the resources available. This Pharmacy Action Plan has been developed to set out where and how pharmacist services can contribute to these new models of care.

The four focus areas

This Action Plan identifies four focus areas for changing models of care over the next three to five years:

1. population and personal health
2. medicines management services
3. minor ailments and referral
4. dispensing and supply services.

This Pharmacy Action Plan has been developed to set out where and how pharmacist services can contribute to these new models of care.

Tools for change

Four essential tools for change, closely aligned to themes in the New Zealand Health Strategy, have also been identified as necessary to support this change:

1. leadership
2. smart systems
3. workforce
4. regulation.

A set of actions has been developed for each focus area (as outlined below) and each tool for change (as outlined in the next section).

All actions in this Plan will need to be clinically and financially sustainable and equitable, supported by a framework that we can use to measure any benefits coming from the actions. The Ministry will monitor work related to these actions as part of the implementation process.

This Plan gives lead accountability for each action to the Ministry, DHBs or the health and disability sector. However, if the actions are to succeed, many stakeholders must be involved in a coordinated effort to make them happen.

Focus area 1: Population and personal health

Pharmacists providing public health interventions that support people to manage their health and wellbeing

Demands on health care are changing, as long-term conditions such as diabetes, cardiovascular disease, cancer, asthma, arthritis, mental ill health and musculoskeletal conditions are becoming increasingly significant. Because New Zealanders are living longer, they are more likely to spend some of their later years with one or more long-term conditions. This trend has the potential to worsen their health and wellbeing, as well as placing additional demands on our health and disability system.

Because pharmacists are accessible to many New Zealanders and have relevant professional knowledge, they can benefit health promotion and prevention services for individuals and/or populations by improving each person's understanding of medicines and contributing to public health programmes and/or targets. Population-based initiatives help people live healthy and productive lives, achieve education and employment goals and reduce the impact of long-term conditions (Pharmaceutical Society of New Zealand 2014).

What does success look like?

People improve their health outcomes because pharmacists, as part of the wider health care team, are providing a broader range of high-quality health promotion and preventive services that meet local health needs. Pharmacists are better able to provide such services through accessible technology such as mobile phones and the internet, and as a result of workforce development that proactively promotes behaviour change and supports people, their family and their whānau to understand and access health services.

How can pharmacist services help to improve population and personal health outcomes?

Investing in initiatives to prevent or delay the development of long-term conditions is a government priority. Another is to work with people to give them the tools they need to live well with their conditions. To meet these priorities, we need to address barriers that prevent people from accessing primary care services.

Internationally, pharmacists are increasingly providing an extended range of accessible, high-quality, coordinated services that focus on patient care and population health.

Internationally, pharmacists are increasingly providing an extended range of accessible, high-quality, coordinated services that focus on patient care and population health.

What are the opportunities for change?

Pharmacists as a first point of contact, working collaboratively to address public health issues, can play a greater role in new models of care. In particular, they can:

- provide accessible, evidence-based advice on medicines and general health matters that supports people to make healthy choices and stay well, including in relation to smoking cessation, weight management, sexual health and alcohol screening
- provide brief interventions to specific groups of patients (covering health education, advice, brief counselling and referral for treatment)
- provide screening services
- be more involved in public health promotion interventions, such as immunisation.

Alignment with the New Zealand Health Strategy

This focus area aligns with the following New Zealand Health Strategy key themes:

- people-powered
- closer to home
- one team.

Alignment with Implementing Medicines New Zealand

This focus area contributes to the following Implementing Medicines New Zealand (IMNZ) impact areas:

- empowering individuals, families and whānau to manage their own medicines and health
- making the most of every point of care.

Innovation in community pharmacy

The Canterbury Clinical Network (CCN) Pharmacy Services Level Alliance has overseen a number of innovative community pharmacy programmes in Canterbury over the past five years.

The Medication Management Service has delivered medicines use reviews to over 5000 people in the three years since 2013, using both accredited community pharmacists and a mobile pharmacist workforce. The programme has now been extended to provide medicines therapy assessments. Effective communication between consumers, pharmacists and prescribers has contributed to the success of both initiatives.

Since 2014, community pharmacy demonstration sites in Canterbury have been trialling alternative ways of working with general practices. Following a review of pharmacy processes, a significant number of sites reported that on average pharmacists saved four hours per day through alternative approaches, which freed them up to provide other professional services.

CCN has also helped pharmacists to be involved in programmes designed to reduce acute presentations for people with chronic obstructive pulmonary disease or heart failure. In addition, Canterbury pharmacists have been contracted to provide brief smoking cessation interventions and referral to a full Quit service.

CCN has recently made it possible for pharmacists to make referrals to both Green Prescription and Appetite for Life programmes.

Actions

	Lead accountability	Priority
Ministry of Health		
Work with DHBs to increase the use of brief interventions by primary health care providers, including pharmacists.	Ministry of Health	2016–18
Ensure pharmacists are able to record their activities in national information systems, eg, National Immunisation Register.	Ministry of Health	2016–18
Work with DHBs to increase opportunities for screening, assessment and referral by primary care providers, including pharmacists.	Ministry of Health	2017–18
Promote the distribution of information on resources available to support safe and effective use of medicines eg, medicines labelling for the blind.	Ministry of Health	2017–18
DHBs		
Produce annual plans that demonstrate an integrated team approach to planning and funding of population and personal health services.	DHBs	2016–17
Make contractual agreements that support integrated service models for identifying, preventing and actively managing long-term health conditions.	DHBs	2016–17
Sector		
Promote pharmacists as a trusted source of information on health and medicines.	Pharmacy sector	Ongoing
Strengthen collaboration between pharmacists, public health services and community organisations to promote health and wellness.	Pharmacy sector	Ongoing
Promote good health literacy practices between pharmacists, individuals, families and whānau.	Pharmacy sector	2016–17
Establish a collaborative programme to research and evaluate public and personal health services that pharmacists provide.	Pharmacy, medicine, public and population health, universities	2017–19
Review the promotion and supply of over-the-counter products for which there is little evidence indicating they are effective.	Pharmacy sector	2016–17

All actions in this Plan may change with any future changes in priorities, costing and funding over the five-year period it covers.

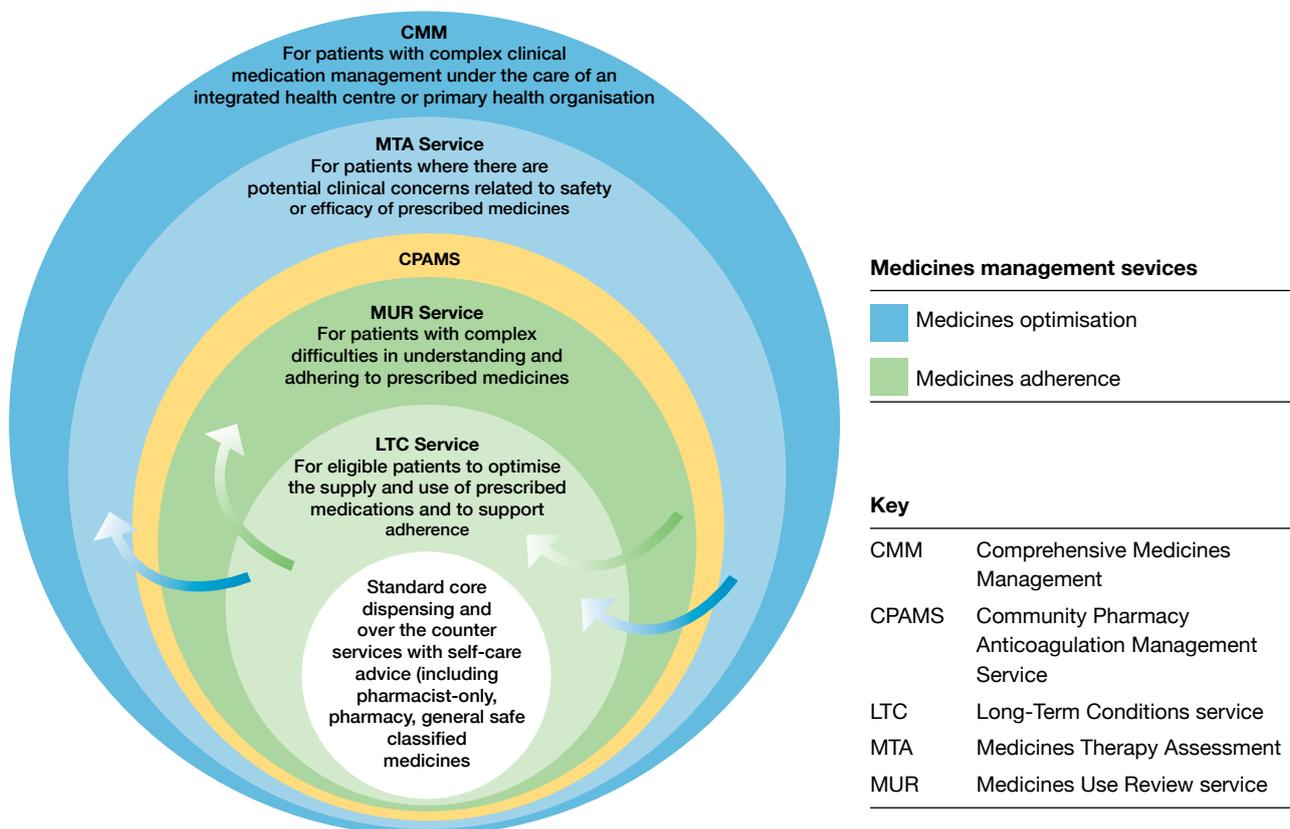
Focus area 2: Medicines management services

Pharmacists working collaboratively in an integrated team help improve health outcomes through a comprehensive range of medicines management services

Pharmacists are medicines experts and work collaboratively with prescribers to assess and monitor medicines therapy and recommend changes, where necessary, to achieve the best possible medicines outcomes. Growing evidence shows that when pharmacists have a greater role in medicines management, medicines can be used more safely and effectively.

The Pharmacy Council of New Zealand's Medicines Management Competence Framework (available at www.pharmacycouncil.org.nz) has identified four levels of medicines management services and the factors determining whether each level is within an individual pharmacist's scope of practice. These services range from providing medicines to undertaking comprehensive medicines management. Competence requirements for the higher levels of this framework are specified through the Pharmacy Council's standards endorsement process. The National Pharmacist Services Framework 2014 groups the services as either medicines adherence services or medicines optimisation services (see Glossary and figure below).

Figure 1: National pharmacist services framework



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Pharmacists providing medicines optimisation services have completed further postgraduate clinical education.

In 2013, regulations were passed allowing pharmacists with appropriate postgraduate qualifications

and clinical experience to register as pharmacist prescribers. In New Zealand, pharmacist prescribers manage a patient's medicines therapy while working in collaboration with the primary diagnostician. They must prescribe within the limits of their professional expertise and competence (both clinical and cultural) and following ethical codes of practice. Pharmacist prescribers, as part of the collaborative health team, provide individualised medicines management services to people across a range of primary and secondary health care settings. They help to improve health outcomes by managing medicines in the best way possible, in particular for people with complex medicines regimens. Currently 15 pharmacist prescribers are working in New Zealand in a wide range of clinical settings, including paediatrics and mental health.

Pharmacist facilitators working in general practice

The Pharmacist Facilitation Team from the Hawke's Bay DHB region provides a collaborative service that deals with polypharmacy issues. Pharmacists work with primary health care teams in general practice and local community pharmacy services.

This integrated approach has improved health outcomes and reduced medicines use. It has also been associated with a fall in medicine-related admissions to the emergency department (Harrison et al 2013).

The service has provided clear evidence for consumers, prescribers, the wider general practice team and pharmacists that working as part of a collaborative health care team is not only highly effective but also a highly rewarding way to work (Hawke's Bay DHB 2014).

What does success look like?

All New Zealanders are using medicines safely, effectively and consistently, based on the best evidence available.

Health care professionals, funders and consumers work together to develop and implement models of care that take into account people's preferences, lifestyles and desired health outcomes.

Pharmacists are working in a broader range of settings. These settings may include (for example) community pharmacy, Whānau Ora, primary care, aged residential care and hospitals; new business models may also be developed to suit these more diverse settings. The medicines management expertise of pharmacists and pharmacist prescribers is fully used across the health and social sectors, as part of health care teams who may be working virtually or in the same physical location. In particular, these pharmacists play an important role in managing the care of people with complex medicine regimens. Contracts are aligned across the sector to identify and manage high-risk groups. The focus is on a collaborative approach to delivering higher-level clinical services, as part of a seamless continuum of people-centred care. Supporting this approach are fully integrated information technology (IT) systems that enable health professionals to share relevant patient information.

How can medicines management services from pharmacists and pharmacist prescribers help to improve health outcomes?

A number of high-needs populations could benefit from having better access to medicines management services from pharmacists and pharmacist prescribers. These populations might include older people (both those in residential care and those living in their own homes), families with children who have complex medical needs, people living with mental illness and addiction, and those living in socially deprived circumstances.

Because New Zealand has an ageing population, supporting the health of older people will be an ongoing priority. Currently more than one in six New Zealanders aged 65 years or older are living with three or more long-term conditions. Most older people prefer to live in their own home, and there is good evidence that people who continue to live in their own home – with personal care and home management support where necessary – have greater wellbeing. When older people have better access to medicines adherence and optimisation services, progress can be made towards the goal of keeping people out of hospital and delaying admission to residential facilities.

For older people who are admitted to residential care facilities, evidence indicates that medicines optimisation services are beneficial. A recent analysis of the direct impact of MTA on health service costs demonstrated a statistically significant reduction in acute inpatient admissions for people over 60 years who were living in residential care facilities compared with their counterparts who had not received an MTA (Pharmaceutical Society of New Zealand 2013).

Although pharmacist prescribers are relatively new to New Zealand, they are an established and growing part of the United Kingdom's health workforce (by October 2009, over 1700 prescribing pharmacists were working in the National Health Service). Evidence has shown that the use of pharmacists and other new prescribers is safe, is acceptable to consumers and other clinicians, and has benefits such as improving access to medicines, providing more flexible, people-centred care and making better use of clinical workforce skills (Prescribing for Success 2010).

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Pharmacists in surgical pre-admission clinics

In this service, a pharmacist conducts a medication history for a patient undergoing elective general surgery when they are seen in the surgical pre-admission clinic. After taking a thorough medication history from the patient and other sources, the pharmacist documents it on a medicines chart and completes a medication history form. The pharmacist also discusses what the patient needs to do with their medicines pre- and post-surgery; for example, when to stop taking or restart medicines.

The pharmacist conducts this review in collaboration with other health professionals working in the pre-admission clinic setting. The aim is to reduce medication errors and improve care during the perioperative stage of the hospital stay. The service has been shown to reduce medication errors and is more efficient than previous processes that did not include a pharmacist at the pre-admission stage.

Alignment with the New Zealand Health Strategy

This focus area aligns with the following New Zealand Health Strategy key themes:

- closer to home
- value and high performance
- one team.

Alignment with Implementing Medicines New Zealand

This focus area contributes to the following IMNZ impact areas:

- making the most of every point of care
- optimal medicines use in older people and those with long-term conditions
- optimal use of antimicrobial agents.
- enabling shared care through an integrated health care team
- competent and responsive prescribers.

Actions

	Lead accountability	Priority
Ministry of Health		
Share examples of innovative models of care that can be adopted to support the delivery of medicines management services by pharmacists and pharmacist prescribers.	Ministry of Health	Ongoing
Work to ensure the optimal use of antimicrobial agents.	Ministry of Health	Ongoing
Support a review of regulatory requirements relating to licensed premises to clearly define the requirements that must be met to align with new service delivery models, with a focus on patient safety and privacy.	Ministry of Health	2016–17
Facilitate the development of a single prescribing competency framework for all prescribers.	Ministry of Health	2016–20
Facilitate discussion with DHBs to explore the development of a national medicines information service.	Ministry of Health	2019–20
DHBs		
Produce annual plans that demonstrate an integrated approach to planning and funding medicines management services.	DHBs	ongoing
Support a collaborative approach to clinical governance at local, regional and national levels.	DHBs and PHOs	ongoing
Ensure new models of care and contractual and governance arrangements enable pharmacist prescribers to initiate relevant laboratory tests.	DHBs	2016–18
Ensure models of care and contractual agreements for 2016/17 align with specific targets for implementing medicines adherence and optimisation services and demonstrate a consistent approach to medicines adherence and optimisation across DHBs.	DHBs	2016–17
Ensure models of care and contractual agreements provide equitable access to medicines management services targeted towards people receiving high-risk medicines and/or polypharmacy.	DHBs	2017–20
Ensure models of care and contractual agreements provide aged residential care residents with equitable access to medicines management services tailored to the individual's changing health needs.	DHBs	2017–20

	Lead accountability	Priority
Ensure models of care and contractual agreements provide equitable access to medicines management services that support older people and people with complex health needs to live well in their own homes.	DHBs	2017-20
Support the integration of pharmacist prescribers into a wide range of primary and secondary care teams.	DHBs	2018-20
Sector		
Promote and support the uptake and delivery of integrated models of care.	Pharmacy sector	Ongoing
Promote the role of pharmacist prescribers to other health professionals and the public.	Pharmacy sector	2016-18
Review Special Authority rules as required to support new prescribing groups, in consultation with relevant sector groups.	PHARMAC	ongoing

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Pilot to identify at-risk asthma patients

A MidCentral DHB pilot demonstrates a team approach to health care. Community pharmacists worked with general practice teams to identify at-risk asthma patients and then provided these patients with asthma education, assessment, medicines optimisation and management plans. Although final evaluation results are not yet available, indications are that the pilot has improved how patients use their medicines and improved their health outcomes. The pilot is being repeated in two further community pharmacies.

Focus area 3: Minor ailments and referral

People have equitable and timely access to self-care advice, treatment of minor ailments, acute demand triage and appropriate referral

The goal of this service is to provide cost-effective minor ailments and referral options for those who need them. The aim is to deliver early intervention, in the community whenever possible. The more than 3500 pharmacists working across the health system are well placed to take an active role in managing acute demand as part of an integrated health team.

Community pharmacists already play a key role in managing acute demand by using their clinical training to 'triage then treat or refer'; that is, assess symptoms, refer people to other health care providers where appropriate, or provide medicines and/or advice for managing minor ailments. This contribution provides timely access to care and reduces the burden on general practices and secondary care services. However, the cost of medicines can be a barrier for some populations and means that many people with minor, self-limiting conditions may present to acute care settings as the first line of treatment.

What does success look like?

Pharmacists are part of an integrated team providing people with improved access to a minor ailments and referral service. The service is cost-effective to the whole system, materially reducing daily pressure on general practice teams and other acute care settings so that clinicians can prioritise people with more complex needs.

How can pharmacists contribute to a minor ailments and referral service?

Minor ailment schemes have proven successful in other countries, including Australia, England and Scotland. Minor ailments covered under the Scottish scheme include diarrhoea, ear ache, allergies, hay fever, headache, head lice, fungal infections and sore throat (The Scottish Government 2006).

Developing a minor ailments and referral service in New Zealand would improve access to health care by providing these services across a broader range of acute care settings and reducing barriers to access.

Alignment with the New Zealand Health Strategy

This focus area aligns with the following New Zealand Health Strategy key themes:

- people-powered
- closer to home
- one team.

Alignment with Implementing Medicines New Zealand

This focus area contributes to the following IMNZ impact area:

- making the most of every point of care.

Actions

	Lead accountability	Priority
Ministry of Health and DHBs		
Together design a service model, in consultation with key stakeholders including consumers, to support the development and implementation of a minor ailments and referral service that delivers material net benefit to the whole system.	Ministry of Health and DHBs	2016–17
Complete a business case to assess the matters involved in implementing a minor ailments and referral service.	Ministry of Health and DHBs	2017–18

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Pharmacist services in aged residential care

Since 1999 a psychogeriatric facility has contracted an independent pharmacist, as part of the health care team, to provide medicine review services to its high-needs residents. In this role, the pharmacist provides advice on the most effective use of medicines for older people living with mental health conditions or dementia. The service focuses on shifting care from preventing ill health to maximising quality of life. A key feature of the service is the team approach to planning care with the individual and family or whānau.

Focus area 4: Dispensing and supply services

More effective use of the pharmacy workforce and technology to redesign the dispensing process and create an accessible, sustainable and efficient medicines supply chain

Redesigning the dispensing process will help to achieve efficiencies in the supply of medicines and free up pharmacists to spend more time on providing people-centred care.

What does success look like?

Prescribing is optimised by adopting e-prescribing and by improving communication between the prescriber and the pharmacist.

Health care professionals and consumers increasingly use technology and robotics. Because it is more efficient to use technology such as robotics to automate the ordering and supply of medicines, pharmacists are freed up to provide higher-level clinical services, without reducing patient safety or making the supply chain less sustainable.

The dispensing process is redesigned to increase efficiencies and make better use of technicians, while involving pharmacists to provide appropriate clinical input. The pharmacy accuracy checking technician (PACT) is used to best effect and plays a key role across the medicines supply function.

What are the opportunities for change?

New Zealand currently has around 980 community pharmacies. Over time, many of these have been established close to other pharmacies while other communities have limited or no local services. As New Zealand's population continues to grow and move, DHBs need to more actively and cost effectively match modern supply to community need if they are to meet their statutory requirements.

Making better use of technicians, redesigning the dispensing process and adopting technologies are key opportunities for change that will allow pharmacists to focus on the clinical, rather than technical, aspects of the dispensing and supply process.

One initiative to enable pharmacists to spend more time on people-centred care involves using PACTs. In the United Kingdom, using PACTs to carry out the final accuracy check on a prescription has been demonstrated to free up pharmacists to spend more time on providing patient-centred clinical services (NHS Pharmacy Education and Development Committee 2013). Evaluation of a New Zealand pilot indicates similar benefits might be expected in this country.

Making better use of technicians, redesigning the dispensing process and adopting technologies are key opportunities for change that will allow pharmacists to focus on the clinical, rather than technical, aspects of the dispensing and supply process.

Alignment with the New Zealand Health Strategy

This focus area aligns with the following New Zealand Health Strategy key themes:

- value and high performance
- smart systems.

Alignment with Implementing Medicines New Zealand

This focus area contributes to the following IMNZ impact area:

- making the most of every point of care.

Actions

	Lead accountability	Priority
Ministry of Health		
Review the pharmacy audit process to ensure it complies with the Community Pharmacy Services Agreement Audit Strategy 2015–2025.	Ministry of Health	In progress
Review the Health and Disability Services Standards – Pharmacy Services Standard 2010 to enable pharmacies to use PACTs.	Ministry of Health	2016–17
Investigate options to drive efficiencies in the medicines supply chain through the broader use of technology, e.g., robotic dispensing.	Ministry of Health	2016–2019
DHBs		
Review district need and develop and implement plans to deliver an accessible, sustainable and efficient medicines supply chain, and commission services to meet identified demand.	DHBs	2016–19
Support systems to reduce prescribing and prescription errors and minimise pharmaceutical waste in aged care and other residential facilities.	DHBs	2016–19
Sector		
Develop best-practice guidelines for dispensing. For example, ensure that a pharmacist clinically screens every prescription before it is dispensed.	Pharmaceutical Society of New Zealand (PSNZ) and Pharmacy Council of New Zealand (PCNZ) jointly	2016–18
Promote a culture of open disclosure to support continuous quality improvement and decrease the incidence of dispensing errors.	PCNZ	2016–18
Consider all relevant supply chain factors (eg, pack size, wastage, appropriate distribution for high-cost medicines) in making decisions about funded medicines (and how such medicines are prescribed, distributed and dispensed).	PHARMAC	2016–18
Engage in high-quality communication about the implications of decisions for the supply chain, including factors considered.	PHARMAC	2016–18

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Key tools for change

The Steering Group has identified four key tools for change, each with a set of specific actions to support the implementation of this Pharmacy Action Plan.

Tool 1: Leadership

A cohesive team approach to leadership within the pharmacy profession and across the health and disability sector

Currently several key pharmacy leadership groups support the profession. In an integrated health system, these leadership groups must develop a clear and cohesive vision that will support the change signalled in this Action Plan. Having capable leaders is essential to meet the changing demands of the system, improve health equity and outcomes and respond to increasing community and government expectations about having health services that provide value for the money spent on them.

What does success look like?

Strong leadership locally, regionally and nationally fosters innovation and practice change that support pharmacists to fully participate in new integrated models of care.

Pharmacy leaders play a key role across governance, executive and clinical areas.

The pharmacy sector focuses strongly on, and invests in, the development of future leaders who have the skills and confidence to take on key leadership roles. Future leaders receive mentoring and support, and a framework for ongoing development is in place.

Leadership development is focused on getting the best from working collaboratively. Leaders across all health professions recognise each other's expertise and contribution.

What are the opportunities for change?

Developing leadership competency frameworks and providing leadership forums will support broader roles for pharmacists as part of integrated health care teams.

Alignment with the New Zealand Health Strategy

This tool for change aligns with the following New Zealand Health Strategy key theme:

- one team.

Having capable leaders is essential to meet the changing demands of the system, improve health equity and outcomes and respond to increasing community and government expectations about having health services that provide value for the money spent on them.

Alignment with Implementing Medicines New Zealand

This tool for change contributes to the following IMNZ impact area:

- enabling shared care through an integrated health care team.

Actions

	Lead accountability	Priority
Ministry of Health and DHBs		
Support the appointment of suitably experienced pharmacists to leadership roles in health governance structures, eg, DHB committees, PHO alliances.	Ministry of Health and DHBs	2016–18
Sector		
Strengthen the leadership capacity and capability of the pharmacy workforce to drive greater integration across the health and social sectors.	Pharmacy sector	2016–18
Develop and implement a leadership competency framework for pharmacy professionals.	Pharmacy sector	2016–18
Provide leadership development for emerging pharmacy leaders.	Pharmacy sector	2016–18
Establish a pharmacy leader’s forum of representatives from across the profession who will lead implementation of new models of care.	Pharmacy sector	2016–18
Develop a work programme to support practice change and encourage the sector to innovate and change to achieve new models of care.	Pharmacy sector	2016–18
Develop and maintain national and local networks to promote collaboration across the health and social sectors.	Pharmacy sector	2016–18
Educate consumers on the current and emerging roles of the pharmacist as part of the integrated health care team.	Pharmacy sector	2016–18
Develop a peer network to support pharmacists who are taking on new clinical roles, eg, as pharmacist prescribers.	Pharmacy sector	2017–18

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Tool 2: Smart systems

Technology is easy to access and helps to improve health outcomes

In the future, new models of care will increasingly rely on well-designed information technology that integrates services across health care settings.

Information platforms must communicate with each other locally, regionally and nationally so that different parts of the health sector can share information in a timely way. To achieve the vision of an integrated health sector, we need an IT platform that supports providers in sharing key patient information with each other and with patients. Supporting infrastructures must adapt to technology changes that have impacts across our health system.

As well as increased use of digital technologies and robotics, we will see the use of emerging technologies such as genomics and nanotechnology to produce 'personalised medicines'. These medicines take into account differences in people's genes, environments and lifestyles, in contrast to a 'one size fits all' approach to therapy.

What does success look like?

Well-designed IT solutions give people better, safer treatment, while enabling more efficient and cost-effective services. People and their treatment providers have access to a core set of personal health information, regardless of the health service setting. New technologies play a significant role in influencing what, how, where and when health services are provided and who provides them.

Well-designed IT solutions give people better, safer treatment, while enabling more efficient and cost-effective services.

What are the opportunities for change?

Technology, including information technology, has the potential to transform health care, in the same way as it has changed operating models in other industries.

A number of significant IT projects are under way to modernise the New Zealand health system's IT infrastructure and to enable people and their treatment providers to access core personal health information regardless of the setting. Through these projects, it will be possible to integrate pharmacy and primary care services virtually – particularly through e-prescribing and shared electronic health records.

The National Health IT Board is focusing on a number of foundations needed to support an integrated, people-focused health care delivery model. For example, it is considering provider/ clinical portals and shared care records/clinical data repositories and shared care planning.

Alignment with the New Zealand Health Strategy

This tool for change aligns with the following New Zealand Health Strategy key theme:

- smart systems.

Alignment with Implementing Medicines New Zealand

This tool for change contributes to the following IMNZ impact areas:

- enabling shared care through an integrated health care team
- optimal medicines use in older people and those with long-term conditions.

Actions

	Lead accountability	Priority
Programme implementation and innovation		
Clarify the role of IT in helping to improve medicines management by investigating how the broader use of technology can optimise access to medicines.	Ministry of Health	2016–18
Create a measurement and analysis framework to track the benefits and performance improvements achieved by using IT as a way of improving medicines management.	Ministry of Health	2016–18
Develop My List of Medicines that is integrated and available at point of care.	Ministry of Health	2016–18
Shared care and patient medication record		
Provide oversight and direction to the sector to ensure all information systems in the sector consistently use the New Zealand Universal List of Medicines and the New Zealand Formulary to improve the quality of medicines information.	Ministry of Health	2016–18
Provide IT policy and implementation advice that enables pharmacist services to integrate with regional shared care and patient medication record information services.	Ministry of Health	2017–19
Manage regional- and district-level programmes to implement shared care models and patient records incorporating pharmacy and medicines information.	Districts and regional IT alliance governance groups	2017–19
Electronic medicines management		
Enable pharmacists to record immunisations on the National Immunisation Register.	Ministry of Health	In progress
Reduce harm by completing national implementation of hospital medicines management systems.	Ministry of Health	2016–18
Reduce harm by completing the roll-out of the New Zealand Electronic Prescription Service to all prescribing systems and improving the functionality between these and pharmacy systems.	Ministry of Health	2016–18
Prescription quality improvement		
Identify prescription quality issues and agree on a plan to resolve ownership and prioritisation of each item.	Ministry of Health	2016–18

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Tool 3: Workforce

Fully using the capacity and skills of today's pharmacy workforce while growing future capability

Current models of care do not make the best use of pharmacists' capacity and unique skill set or promote a 'one team' approach to providing health care.

The pharmacist workforce is highly qualified. Pharmacists complete a five-year tertiary qualification with a primary focus on using medicines safely and effectively. About 13 percent of pharmacists hold postgraduate clinical qualifications in medicines management.

The pharmacist workforce is growing in capability and capacity. Between 2005 and 2015 the number of practising pharmacists increased by nearly 1000. Although numbers are growing, more can be done to keep this expertise within the profession and within New Zealand.

While New Zealand's health workforce is generally ageing, the pharmacist workforce is relatively young. Around 42 percent of practising pharmacists are aged 35 years or younger and almost 62 percent are under 45 years old.

Pharmacy technicians are an increasingly important part of the pharmacy workforce. Working in both community and hospital settings, they are responsible for a range of tasks including processing prescriptions, inventory management in the dispensary and hospital ward and preparation of medicines.

What does success look like?

Following a 'one team' approach, all health professionals are using each other's complementary skill sets and working collaboratively to improve health outcomes.

The workforce is culturally competent and, in particular, pharmacy practice acknowledges the special relationship with Māori and the commitment to partnership, protection and participation under the Treaty of Waitangi.

The health system uses the capability and capacity of the pharmacy workforce to achieve the greatest benefits. Pharmacy technicians, including PACTs, take on some of the non-clinical tasks that pharmacists previously carried out. Pharmacists are less involved in the technical aspects of medicines supply and provide people-centred care across a wide range of practice settings.

People interested in a career in health see pharmacy as a viable long-term option that offers a range of practice opportunities. Pharmacists have a structured professional development pathway that attracts and retains people with the right skill mix to support new models of care. Development of the pharmacy workforce is aligned with development strategies for the broader health workforce.

Pharmacists are registered health practitioners under the Health Practitioners Competence Assurance Act 2003. They are also bound by a number of codes, including the Pharmacy Council of New Zealand Code of Ethics 2011, the Health Information Privacy Code 1994 and the Code of Health and Disability Services Consumers' Rights 1996. Any service a pharmacist provides must meet all obligations under these codes.

Around 42 percent of practising pharmacists are aged 35 years or younger and almost 62 percent are under 45 years old

Marae-based gout management

In 2014, the Ministry of Health funded Ngā Kaitiaki o Te Puna Rongoā o Aotearoa, the Māori Pharmacists' Association (MPA), to deliver a pilot project to build the health literacy of whānau in a marae-based setting. The project focused on gout; in particular, preventing gout and promoting the importance of ongoing self-management.

In the pilot, MPA worked with three marae to target whānau living in areas with high rates of gout and/or who have whānau who have recently been diagnosed with gout. It also targeted those who needed to manage gout in order to prevent future attacks and/or who had a family history of gout or were at risk of developing it.

Importantly, this project used the skills of pharmacy students, community pharmacists and a pharmacist prescriber, underpinned entirely by cultural literacy. The pharmacist prescriber in turn worked with and alongside general practice to prescribe for participants and ensure the best possible approach to medicines management.

The evaluation findings demonstrated the pilot was an overwhelming success. The project was extended for 2015/16 to include cardiovascular disease and respiratory conditions.

Why is workforce important?

To respond to the changing burden of disease, the health and disability workforce needs to be structured differently. Services must be delivered in ways that meet people's needs, take account of their preferences and make the best use of every point of care.

What are the opportunities for change?

About 3500 registered pharmacists and 1200 technicians are working in a range of practice settings across New Zealand. The number of pharmacists continues to increase by about 200 each year. The pharmacist workforce therefore has the capacity and capability to make a more meaningful contribution to an integrated health system. Making better use of pharmacy technicians is a key way of supporting pharmacists to focus on the delivery of more people-centred services.

While the 2013 census showed that almost 15 percent of the New Zealand population identified as Māori, just 1.4 percent of New Zealand registered pharmacists are Māori (Pharmacy Council of New Zealand 2015).

Likewise, around 7 percent of the population identified as Pacific, but just 0.9 percent of the pharmacist workforce are Pacific peoples.

Efforts need to be intensified to ensure the profile and cultural competence of the whole pharmacy workforce reflects the populations it serves more closely.

Alignment with the New Zealand Health Strategy

This tool for change aligns with the following New Zealand Health Strategy key theme:

- people-powered.

Alignment with Implementing Medicines New Zealand

This tool for change contributes to the following IMNZ impact area:

- enabling shared care through an integrated health care team.

Actions

	Lead accountability	Priority
Ministry of Health		
Ensure funding for pharmacy workforce development is appropriately targeted and leads to outcomes that support the New Zealand Health Strategy.	Ministry of Health	2016–18
Continue to engage with the pharmacy sector to ensure the current and future workforce contributes to the delivery of integrated, accessible health care services.	Ministry of Health	2016–18
Work with DHBs to develop a rural workforce programme to maintain access to pharmacy services in rural communities.	Ministry of Health	2017–20
DHBs		
Provide incentives for pharmacists to take up pharmacist postgraduate clinical training so that a greater proportion of the workforce can provide MTA-level services.	DHBs	2016–18
Sector		
Develop and approve a national training programme for PACTs to be delivered by approved providers.	PSNZ	Immediate
Promote programmes for the pharmacy workforce that strengthen core cultural competency skills.	Pharmacy Council of New Zealand	Ongoing
Ensure the current workforce is making clear efforts to enhance cultural competency.	Pharmacy Council of New Zealand	Ongoing
Work with key stakeholders to increase the numbers of Māori and Pacific students and other ethnicities in Schools of Pharmacy to reflect their representation in the general population.	Schools of pharmacy	Ongoing
Work with key stakeholders to develop a career development framework for pharmacists working in primary and secondary care.	Pharmacy sector	2016–17
Collaborate with other key stakeholders to develop a joint clinical and academic approach to workforce development to support the actions in the Pharmacy Action Plan.	Schools of Pharmacy and DHBs	2016–18
Provide incentives for pharmacy technicians to take up PACT training to increase the size of the checking technicians' workforce.	PSNZ and Pharmacy Guild of New Zealand (PGNZ)	2016–18
Roll out the PACT qualification nationally.	PSNZ	2016–17
Incentivise uptake of technician post-basic education so that a greater proportion of the technician workforce can perform technical and managerial roles.	Pharmacy sector	2016–18
Promote appropriate training and support for pharmacists working as part of an integrated system, eg, upskilling so they can contribute to the integrated health care record.	PSNZ and PCNZ	2016–17
Build the capacity of the pharmacy workforce to act as health navigators and improve health literacy to help people access timely health services of an appropriate quality.	PSNZ and PGNZ	2016–18

	Lead accountability	Priority
Provide approved training that supports pharmacy staff to deliver population and personal health programmes.	PSNZ and PGNZ	2016–18
Review the requirements for the safe and ethical provision of medicines that may only be supplied by a pharmacist	PCNZ and PSNZ	2016–18
Appropriately support all pharmacists new to providing MTA-level services to become competent in this role.	PCNZ and PSNZ	2017 onwards
Ensure that pharmacy students graduate with the cultural competence, health literacy, clinical, communications and decision-making skills necessary to provide MTA-level services.	Schools of Pharmacy	2018–20
Develop programmes that support inter-professional education for pharmacists (undergraduate and postgraduate).	Education providers	2018–20
Ensure that undergraduate pharmacy curricula prepare graduates to deliver population health services.	Schools of Pharmacy	2018–20
Review current postgraduate qualifications for clinical pharmacist to ensure they are fit for purpose. That is, they should continue to be current, keep pace with change and prepare pharmacists adequately to take on extended roles in an integrated health system.	PCNZ and Schools of Pharmacy	2018–20

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SMART – Safer Medical Admissions Review Team

With Middlemore Hospital’s SMART approach, pharmacists work in collaboration with the general medicine team to assess patients on admission. The pharmacist takes a complete medication history, cross-checks it and then documents all medicines on a specially designed medication history form. The doctor and pharmacist discuss the medicines and agree on a management plan with the patient.

The service has sped up the process of medicines reconciliation and has also reduced the time for admitting patients by 30 percent. Benefits of this approach include reducing errors associated with medicine discrepancies, improving quality in medicine charting and using the most effective therapy earlier.

Tool 4: Regulation

The legislative framework

A robust regulatory regime is vital for delivering high-quality health services that are safe and effective. To achieve the vision for pharmacy services set out in this Plan, the Government will need to examine any regulations that stand in the way and provide laws that help rather than hinder progress towards this vision.

The Government is reviewing therapeutic products legislation with the intention of repealing and replacing the Medicines Act 1981 and its regulations. New legislation will be prepared in accordance with the Government's agreed principles for best-practice regulation. These principles include, in particular, that regulation should not unduly interfere with economic activity and should be flexible and proportionate. This might mean, for example, a more flexible prescribing and dispensing framework, and licensing arrangements that are focused on ensuring appropriate control of pharmacies rather than business ownership.

The Government is developing a new regulatory scheme for low-risk natural health products. The Natural Health Products Bill is intended to ensure that the natural health products (NHPs) people choose to use are safe, supported by evidence about their therapeutic effectiveness, or are used traditionally, and only contain only ingredients from a permitted list. The Bill establishes a notification system for all NHPs sold in New Zealand or manufactured for the export market.

The regulatory environment is efficient and effective, with a strong focus on safety, but allows the sector to be sufficiently flexible and responsive to deal with changing needs and conditions.

What does success look like?

Legislation enables innovative pharmacy practice and drives improvement across the sector. The regulatory environment is efficient and effective, with a strong focus on safety, but allows the sector to be sufficiently flexible and responsive to deal with changing needs and conditions.

What are the opportunities for change?

The regulatory framework for therapeutic products will comprise the primary legislation and supporting regulations. The broader regime will include other instruments, such as standards and guidelines.

It is essential that the regulatory framework is designed to be modern and flexible. It should enable and support the changes signalled in this Action Plan and in the range of other programmes and strategies under way across pharmacy and the wider health sector.

Alignment with the New Zealand Health Strategy

This tool for change aligns with the following New Zealand Health Strategy key theme:

- value and high performance.
- Alignment with Implementing Medicines New Zealand
- This tool for change contributes to the following IMNZ impact areas:
 - making the most of every point of care
 - optimal use of antimicrobial agents
 - empowering individuals, families and whānau to manage their own medicines and health

- optimal medicines use in older people and those with long-term conditions
- competent and responsive prescribers
- removing barriers to access.

Actions

	Lead accountability	Priority
Regulatory framework		
Complete new therapeutic products legislation to replace the Medicines Act 1981.	Ministry of Health	2016–17
Develop a new regulatory scheme for low-risk natural health products.	Ministry of Health	2017
Develop regulations to support the new therapeutic products legislation.	Ministry of Health	2018–20
Key components of the framework		
The regulatory review will focus particularly on:		
<ul style="list-style-type: none"> • review of provisions for the safe and effective operation of pharmacies (eg, control, ownership, licensing, auditing and monitoring) • review of the role of pharmacies in the therapeutic products supply chain (eg, storage, sale, supply and distribution) • review of the prescribing framework, including consideration of different models for prescribing, in different contexts and by a range of health professionals (including pharmacists). 		

All actions in this Plan may change with any future changes in priorities, costing and funding over the five-year period it covers.

Mobile pharmacist services

Under the mobile pharmacist services model, pharmacists provide a mobile service across the Bay of Plenty. The service was developed in response to increasing concerns about medication errors, medication-related harm (especially during care transitions) and the increased ill health and health care costs associated with using medicines inadequately or inappropriately.

To give everyone equity of access, the service, which is funded by Bay of Plenty DHB, is available across the region. A key feature of the service is that pharmacists visit people in their own home, after a general practitioner, nurse or pharmacist has made the referral.

Glossary

Adherence	As defined by the World Health Organization (WHO), the extent to which a person's behaviour (taking medication, following a diet and/or executing lifestyle changes) matches agreed recommendations from a health care provider (WHO 2003).
Community Pharmacy Services Agreement (CPSA)	An agreement that DHBs use to fund community pharmacies.
Consumer	A person who has accessed or is currently using a health or disability service or is likely to do so in the future.
Equity	As defined by WHO, the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically (WHO 2015).
Health and disability system	The set of organisations, components and individuals whose function is to contribute to the health of individuals and communities and to support people with disabilities and their families. This system includes people working across the breadth of clinical, management, governance, policy and other support roles.
Health literacy	'The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions' (Kickbusch et al 2005).
Integration	The combination of processes, methods and tools that facilitates integrated care.
Interdisciplinary team	A team of health professionals with complementary skills who work together to assess, plan or evaluate patient care. They do so in a dynamic process that involves interdependent collaboration, open communication and shared decision-making. This in turn generates value-added patient, organisational and professional outcomes.
Long-term conditions	Recurring or ongoing conditions that have been taking place over a long time and that can have a significant impact on people's lives. The long-term conditions that have a significant health impact in New Zealand are: diabetes, cardiovascular disease (including stroke and heart failure), cancer, asthma, chronic obstructive pulmonary disease, arthritis and musculoskeletal disease, and mental health disorders.

Medicines management services	<p>Can be any one of:</p> <p>(a) Medicines Adherence services</p> <p>(i) LTC – Pharmacy Long-Term Conditions service: For eligible patients, to optimise the supply and use of prescribed medications and to support them in taking them as recommended</p> <p>(ii) MUR – Medicines Use Review service: For people with complex difficulties in understanding and adhering to prescribed medications</p> <p>(iii) CPAMS – Community Pharmacy Anticoagulation Management Service: Using a point-of-care device, accredited community pharmacists perform international normalised ratio (INR) testing for people prescribed warfarin and make appropriate dose adjustments using a decision support system</p> <p>(b) Medicines Optimisation services</p> <p>(i) CMM – Comprehensive Medicines Management: For people with complex clinical medication management needs under the care of an integrated health care or primary health organisation</p> <p>(ii) MTA – Medicines Therapy Assessment: A systematic, people-centred clinical assessment of all medicines currently taken by an individual. It identifies, resolves and prevents medication-related problems as well as establishing the most effective medication treatment. Pharmacists perform MTA directly with the patient, substantially influence prescribing decisions and are an integral part of the health care team.</p>
Medicines Reconciliation	Obtaining the most accurate list of patient medicines, allergies and adverse drug reactions and comparing this with the prescribed medicines and documented allergies and adverse drug reactions. Any discrepancies are then documented and reconciled.
Pharmacist	A health practitioner who is registered with the Pharmacy Council of New Zealand as a practitioner of the pharmacy profession.
Pharmacist prescriber	A pharmacist who is registered with the Pharmacy Council of New Zealand and who has completed the prescribed qualification for registration in the Pharmacist Prescriber Scope of Practice and who works in a collaborative health team environment.
Pharmacy Accuracy Checking Technician (PACT)	A pharmacy technician who has been trained and certified to carry out the final accuracy check on a dispensed prescription item.
Polypharmacy	Prescribing of many medicines (five or more); or inappropriate prescribing – for example, prescribing a medicine or a combination of medicines that does not effectively treat a condition or that may cause harm.
Primary health organisation (PHO)	An organisation funded by a DHB to provide essential primary health care services, mostly through general practices, to those people who are enrolled with the PHO.

Quality	<p>The Health Quality and Safety Commission New Zealand has presented six system-level indicators of quality, set within the New Zealand version of the Triple Aim, as the foundation for developing high-level quality and safety indicators for health and disability services (Health Quality & Safety Commission 2012). The six indicators are:</p> <ul style="list-style-type: none"> (a) access – people’s ability to get the right care at the right place and time (b) equity – for specific populations, sub-populations and vulnerable populations (c) effectiveness – care, intervention or action achieves the desired outcome (outcome measures) (d) safety – preventing adverse or undesired outcomes (e) patient experience – people centred and client oriented (f) efficiency – greatest benefit for the resources used.
Referral	<p>The process of formally directing or redirecting a patient to appropriate services for assessment or treatment.</p>
Triple Aim	<p>A framework developed by the Institute for Healthcare Improvement that describes an approach to getting the best possible performance from the health system. The Institute believes that new designs must be developed to work towards three dimensions, which it calls the ‘Triple Aim’, at the same time:</p> <ul style="list-style-type: none"> (a) improving the patient experience of care (including quality and satisfaction) (b) improving the health of populations (c) reducing the per capita cost of health care.

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Appendix 1: International context

Australia

Australia began a pharmacy trial on 1 July 2015 that expands the role of pharmacists in delivering certain health care services. For the trial, AUD600 million (with the possibility of a further AUD600 million being made available, for a potential total of AUD1.2 billion) will be provided over the five-year trial to fund additional services.

The services targeted to include in the trial are: blood pressure management, diabetes screening, weight management, vaccinations, addiction intervention and mental health support. All these services have typically been associated with general practitioners (GPs).

The trial is part of major changes that are occurring in primary health care through the establishment of primary health networks. The networks aim to promote integration of health care services at the community level to improve consumer access to the health system. The national health policy setting supports greater integration across professions. The end result of this shift is to improve health outcomes for consumers.

Recent studies in Australia have demonstrated that consumers support the principles of integrating pharmacists into a primary health care setting (Freeman et al 2012; Jordan et al 2015). The Consumers Health Forum of Australia's findings from a survey of pharmacists and primary care support a move towards more integrated and expanded models of community-based health care (Consumers Health Forum of Australia 2015). The online survey revealed that nearly three-quarters of respondents supported the proposal for pharmacists to provide expanded services, either co-located with doctors or at local pharmacies; while fewer than one-quarter of respondents opposed such a move.

The survey showed that most Australians wanted their pharmacists to have a greater role in basic support services, such as immunisations and blood pressure checks and working with GPs to help chronically ill patients better manage their medication. While a clear majority supported expanding the role of the pharmacist, it was also evident that most consumers would not wish GPs' central role in their health care to be eroded. The proportion of respondents (74.2 percent) indicating they would like to see a pharmacist working in the same location as their GP was higher than the proportion of those supporting increased services from local pharmacists (69.6 percent).

The major implication of the survey results is that if pharmacists are going to have a greater role in providing primary health care services, then the traditional roles of GPs and pharmacists need to be reviewed. A particular focus should be what training will be necessary for pharmacists so that consumers can be confident that these services do not dilute the quality of care that consumers have come to expect from GPs.

Consumers saw expanding pharmacies from their traditional settings as one possible way to achieve greater coordination of primary health care services.

England

The white paper *Pharmacy in England* (Department of Health 2008) outlined the vision of the United Kingdom's Government on how pharmacy services should develop. One part of this vision was that pharmacists would contribute to improving public health by helping with lifestyle interventions. Pharmacy services are an ideal location for making lifestyle interventions because 84 percent of adults in the United Kingdom visit a pharmacy at least once a year and an estimated 1.2 million people visit a pharmacy daily for health-related reasons (Department of Health and NHS Primary Care Contracting 2009).

The white paper set out the Government's programme to support and deliver changes. It gave pharmacists a central role in contributing to integrated and personalised health and social care partnerships.

A study published in the *British Journal of General Practice* investigated people's attitudes towards managing minor illnesses. It found that health care professionals are likely to recommend self-care as the course of action. The findings of the study indicated that people prefer to wait and pay less to manage symptoms (Porteus et al 2006).

Scotland

The Scottish Government published *Prescription for Excellence* in 2013. This plan sets out how new and innovative models can help pharmacists achieve professional independence, while working in collaborative partnerships with other health and social care professionals.

Canada

The Canadian Government published *Blueprint for Pharmacy* in 2008 (Task Force on a Blueprint for Pharmacy 2008). The blueprint recognises that the demands on the health system and the changes in the delivery of care require pharmacists to focus more on people-centred, outcomes-focused care to optimise the safe and effective use of medicines.

