

3 February 2022

[REDACTED]

## Response to a request for official information

[REDACTED]

Thank you for your request for official information received 29 July 2021 by Nelson Marlborough Health (NMH)<sup>1</sup>, followed by the necessary extension of time 26 August 2021 and notice of decision 23 September 2021.

Your request for information has been made under section 23 of the Official Information Act 1982 ("the Act"). This relates to "a decision or recommendation in respect of any person, being a decision or recommendation in respect of that person in his or its personal capacity". The process and decision NMH entered into around the application from the organisation trading as [REDACTED] for an Integrated Community Pharmacy Services Agreement (ICPSA) for a new pharmacy in Blenheim was in relation to [REDACTED], not the requestor of this official information request. This was not a competitive Request for Tender or Request for Proposal process. NMH therefore does not believe that section 23 of the Act applies in this instance.

However, in the interests of transparency around the process of granting an ICPSA to [REDACTED] we have provided responses to this request where possible. There are limitations to what NMH can release under the Act, more specifically section 9(2)(b)(ii), provides good reason to withhold information to 'protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information'.

For ease of reference your questions/comments are in italicised bold font below.

*"... we understand from our 14 July meeting that the reason that [REDACTED] application has been granted is because: (i) [REDACTED] answered all the questions posed to the satisfaction of the NMDHB, as well as providing a "Maori Action Plan"; and (ii) the NMDHB decided to grant the ICPSA because it considered that doing so would provide a vulnerable population within its area with reduced costs of pharmacy services due to "zero co-payments".*

*Under s 23 of the Official Information Act, please confirm that our understanding of the reasons for the decision is correct".*

### NMH response:

This understanding is mostly accurate, but does not provide the context of the application process or the extent of reasons for granting this application. The application process was developed to gauge whether an applicant for an ICPSA meets the expectations of NMH's Community Pharmacy Strategic Plan. You have previously been sent the template for applications and we attach again as Attachment 1. [REDACTED] application

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<sup>1</sup> Nelson Marlborough District Health Board

demonstrated that it met and/or exceeded all NMH's expectations for community pharmacy services in the Nelson Marlborough region. This was further supported by referees. Although zero-co-payments was one factor within this application and a contributor to the decision made, due to the fact that no other Pharmacy in Blenheim offers zero co-payments and therefore improving access for those with limited incomes, the application process itself is comprehensive and covers many more facets.

***"... provide us with sufficient information to identify: the findings on material issues of fact; references to the information on which the findings were based; and the reasons for the decision or recommendation. In addition, please provide us with copies of the responses from [REDACTED] to the NMDHB's questions that you referred to in our meeting, as well as the "Maori Action Plan".***

NMH response:

The application form provided as Attachment 1 includes the information sought from applying pharmacies. It is not possible to provide detail on the applicant's responses, including the *Māori Action Plan* and subsequent questions from NMH, as it would likely prejudice the commercial position of [REDACTED] as per section 9 of the Act. In summary, the reasons for the decision are that the Panel believed the [REDACTED] application met or exceeded the requirements of the application assessment across each domain, and further, offered greater access for vulnerable populations of which was a fundamentally important aspect.

More specifically, the panel identified the following important features:

- No \$5 prescription co-payment charge ([REDACTED] would absorb this)
- Long hours of operation, 8am to 9pm
- Open 365 days per year
- Affordable pharmacist services and over-the-counter medicines
- A clearly articulated focus on equity with supporting documentation including a *Māori Strategic Plan*
- Willingness to provide a range of pharmacy and pharmacist services
- National professional support and workforce back-up
- Excellent audit reports from Medicines Control for other similar pharmacies
- Good evidence of, and willingness for collaboration with Māori health providers and health partners including General Practitioners (GPs), and Primary Health Organisations (PHOs)
- Positive feedback from referees
- Good parking and ease of access

***"At our 14 July meeting, we told you that if [REDACTED] does open in the Marlborough area it is very likely that one or more existing pharmacies will be forced to close and there would be pressure to reduce the quality and range of services provided. We understand that you consider the potential closure of such community pharmacies (and the potential reduction in the range and quality of services offered) as a case of market forces playing out. Please can you provide us with any documents showing any analysis that the NMDHB has undertaken in respect of the risks of awarding an ICPSA to [REDACTED] or its impact on existing pharmacies in the area".***

NMH response:

The panel, NMH officials and Board were aware that another pharmacy opening in Marlborough could result in one or more existing pharmacies closing. The role of NMH is primarily to act in the interests of the NMH population and ensure accessibility of services. As outlined above, [REDACTED] was able to meet all expectations of a service within the NMH *Community Pharmacy Strategy*, while also providing points of difference from other pharmacies in the area. Therefore the impact on the consumer population was to offer more service choice and new service options. There is no evidence that this will result in a loss of pharmacy services overall.

If one, or more, pharmacies were forced to close then this is a case of market forces playing out, while in general the consumers would continue to have a wider set of services. NMH's decision making is based on services rather than specific providers and so detailed analysis of the impact on other specific providers has not been undertaken for this application. However, the potential risk as submitted by a number of current pharmacy owners at the time this application was being processed, was highlighted to both the panel and the NMH Board.

NMH notes that no pharmacy has closed since [REDACTED] opened, and pharmacies are noting the pressure they are under from increased demand on their services as a direct result of the COVID environment. NMH appreciates the contribution all Marlborough Pharmacies are making in the current environment.

***“Finally, we also asked why the moratorium that had been in place on awarding new ICPSAs had been lifted given that the same concerns about whether the area is already over-serviced remain. We understand that the NMDHB has taken the view that it cannot continue to maintain a moratorium in place because it would be anticompetitive for the purposes of the Commerce Act 1986 for it to do so. Please provide us with documents showing: why the original moratorium was put in place; (ii) why the original moratorium was lifted, including any communications from [REDACTED] or other pharmacy companies to the NMDHB in relation to the moratorium; (iii) whether the NMDHB has obtained internal and/or external legal advice on the implications of lifting the moratorium and, if so, the dates on which that advice was obtained; and (iv) why the new moratorium is to be put in place from 27 July onwards; and (v) any communications between the NMDHB and the Transitions Services Unit or other DHBs in relation to the granting of ICPSAs since 1 February 2021”.***

NMH response:

The original moratorium was put in place to allow for the development of the NMH *Community Pharmacy Strategy*. It was deemed inappropriate to accept new applications for the ICPSA while this strategic document was being developed. Attachment 2 is a NMH Board paper from that time that explains the decision, as was confirmed at that board meeting. Attachment 3 is the notification to Community Pharmacists advising of this decision.

NMH has not received internal and/or external legal advice on the implications of lifting the moratorium. As originally advised, the lifting of the moratorium coincided with the release of the NMH *Community Pharmacy Strategy*. There is no Board document because the original plan outlined to the Board was to lift the moratorium upon release of the Strategy. Attachment 4 is the email notification to Community Pharmacists providing the new Strategy and to signal the lifting of the moratorium.

The new moratorium was put into place because the application process is extremely time-consuming for NMH alongside the demands of the current COVID-19 environment. There was also feedback from pharmacists that the Strategy was too long and out of date. Further, NMH was expecting to hear from the Transition Authority about contracting policy with intent to align with any new policy in its strategic direction and contracting. A Board document cannot be provided as it contains detailed information about possible pending applications.

The moratorium will be in place until NMH has updated the strategy and has the capacity to undertake the application process in a robust manner.

NMH has had no communications with the Transitions Service Unit or other DHBs in relation to the granting of ICPSAs since 1 February 2021.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator [OIArequest@nmdhb.govt.nz](mailto:OIArequest@nmdhb.govt.nz)

I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Lexie O'Shea  
**Chief Executive**

- Attachment 1: NMH *Application for a Community Pharmacy Funding Agreement* (6 pages)
- Attachment 2: NMH Board paper – *Development of a Community Pharmacy Strategy* Jan2019
- Attachment 3: NMH Notification to Community Pharmacists – *Moratorium on new ICPSA applns* Jan2019
- Attachment 4: NMH Notification to Community Pharmacists – *...lifting of Moratorium* Feb2020

## Nelson Marlborough DHB Application for a Community Pharmacy Funding Agreement

Applicants should familiarise themselves with the criteria to be met and the Nelson Marlborough DHB (NMDHB) Pharmacy Quality Standards before preparing their application.

Contract Applied for (e.g ICPSA for new pharmacy or IPSCA for purchasing existing pharmacy)	
Name or proposed name of Pharmacy	
Location (suburb, street, co-location with medical centre/ surrounding medical practices etc.)	
Shareholding pharmacist(s)	
Other shareholders	
<p><b>Part 1. New Start-up Pharmacy Service (e.g. new build/satellite)</b></p> <p>Please note that the response to this first question carries significant weighting (currently 44%) in the overall scoring of a proposal, so a detailed response is recommended.</p> <p>To ensure this application is in keeping with the NMDHB Community Pharmacy Strategic Plan:</p>	
<p>Q1. Describe how awarding you an ICPSA, will improve the wellbeing of the NMH population and, importantly, why a new pharmacy is required in NMDHB to achieve that?</p> <p>Please also provide contact details for three referees who can meaningfully discuss their experience of working with PillDrop as a provider of community pharmacy services in NZ. Where the applicant has an existing contract for this service with a DHB, one of the 3 referees must be a pharmacy services portfolio manager from a DHB</p>	

## Part 2. Person Centred Care

To ensure that the right services are in the right place at the right time

Q2. Describe the population you are intending to service. Outline unmet need you have identified or improvements/innovations your services could make for patients.

Q3. Describe how you will provide person-centred care as per the Nelson Marlborough DHB Pharmacy Quality Standards.

Q4. Provide a simple plan of your facility describing the purpose of each area in relation to the services identified above. The plan should identify any private consulting area/s, and how this is accessed, where service-related conversations cannot be overheard by other clients in the pharmacy.

Q5. What are your proposed operating hours? Note that any decrease in these proposed hours may require a reapplication for ICPSA

### Part 3. Service Delivery

To provide users with a pharmacy home that has the ability to support all their medicines/pharmacy-related needs. Include commentary and/or confirmation that you will provide all funded/partially funded medications pertaining to community pharmacy according to PHARMAC's schedules and the ICPSA.

Q6. Describe your service philosophy.

Q7. List the services that you intend to provide to meet the needs of the population you intend to serve.

Q8. Will your pharmacy participate in local/national health promotion initiatives and/or other pharmacy initiatives?

#### **Part 4. Capacity and Capability**

To ensure the pharmacy has the capacity to take ownership of medicines-related outcomes and the capability to deliver high quality professional services as part of a multidisciplinary programme of care

Q9. Outline the proposed IT setup and intended approach to ensuring communication with key providers in the primary care team and other healthcare providers.

Q10. How many pharmacists, interns, technicians do you propose to employ based on your business plan?

Q11. Describe the credentials of the pharmacist who will be responsible for day to day delivery of professional services (Include years since graduation, previous experience managing a pharmacy, hours of attendance at the pharmacy). Are any conditions attached to the responsible pharmacist's APC?

Q12. Provide a summary or attach a copy of your quality plan.



**Part 5. Collaboration**

To ensure users receive a high quality professional service as part of a multidisciplinary programme of care

Q13. Describe any collaboration you have had in previous community pharmacies (or that you have now) which you may have owned/managed and what engagement you have already had with primary care providers, PHOs or other community providers in the area.

Q14. Describe how you plan to use technology/online services to support integrated care.

**Part 6. Other Supporting Information**

Q15. Please provide any other information that you wish to be considered as part of your application

A large empty rectangular box provided for the applicant to enter their response to Q15.

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# MEMO

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**To:** Nelson Marlborough Health Board  
**From:** Jo Mickleson, Pharmaceuticals Manager  
**Date:** January 2019  
**Subject** *Development of a Community Pharmacy Strategy*

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## *Status*

This report contains:

- For decision
- Update
- Regular report
- For information

Nelson Marlborough Health is planning to consult and develop a community pharmacy strategy which will align with the direction of the New Zealand Health Strategy, the objectives of the Pharmacy Action Plan 2016- 2020, and Integrated Pharmacist Services in the Community. The strategy will guide the DHB's decisions and actions about pharmacy services.

A pharmacy services contracting policy, stemming from this strategy, will specify how and under which conditions Nelson Marlborough DHB will purchase pharmacy services, particularly via the Integrated Community Pharmacy Services Agreements (ICPSA).

The policy will:

- Make reference to how an applicant will contribute to the reduction of health inequities
- What services can be expected to be delivered from the pharmacy
- How the pharmacy will improve access to pharmacy services over and above current services
- How the pharmacy will ensure continuous quality improvement of its services to the community it services.

The draft strategy is expected to be completed in time for it to be approved by the Nelson Marlborough DHB Board at its June or July 2019 meeting. The policy is expected to be completed and approved by the chief executive in time for new ICPSA applications from 1 August 2019.

An immediate moratorium on all new Integrated Community Pharmacy Service Agreements will be in place while the consultation and policy development occurs, meaning no new pharmacies will be able to be established until 1 August 2019 unless the establishment has been notified to the Pharmaceuticals Manager prior to moratorium being notified.

## **Nelson Marlborough District Health Board**

### **Moratorium on new applications for Integrated Community Pharmacy Services Agreements**

**25 January 2019**

#### **Background**

New Zealand Health Strategy, Pharmacy Action Plan 2016-2020, and Integrated Pharmacist Services in the Community outline a future in which pharmacist services, as an essential part of an 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 healthcare services. At present, Nelson Marlborough DHB does not have a strategy or contracting policy for pharmacy services.

The Integrated Community Pharmacy Services Agreement (ICPSA) is a nationally negotiated and agreed contract. It was introduced nationally on 1 October 2018 and is an evergreen contract, replacing the previous national agreement, the Community Pharmacy Services Agreement (CPSA). Nelson Marlborough's forecast annual expenditure on community pharmacy services is \$42m for 2018-19.

Currently, Nelson Marlborough DHB enters into an ICPSA with all pharmacies that apply for an agreement. The application process is limited; requiring the applicant to meet legislative and regulatory requirements only. It does not take into account whether the pharmacy is expected to improve patient experience, improve population health and reduce inequities.

#### **Decision:**

To enable Nelson Marlborough DHB to implement a community pharmacy strategy, a moratorium on all new Integrated Community Pharmacy Services Agreements shall be in place effective immediately.

#### **Process:**

Nelson Marlborough DHB wishes to consult and develop a community pharmacy strategy which will align with the direction of the New Zealand Health Strategy, the objectives of the Pharmacy Action Plan 2016- 2020, and Integrated Pharmacist Services in the Community. The strategy will guide the DHB's decisions and actions about pharmacy services.

A pharmacy services contracting policy, stemming from this strategy, will specify how and under which conditions Nelson Marlborough DHB will purchase pharmacy services, particularly via the Integrated Community Pharmacy Services Agreements (ICPSA).

The policy will:

- Make reference to how an applicant will contribute to the reduction of health inequities
- What services can be expected to be delivered from the pharmacy
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- How the pharmacy will ensure continuous quality improvement of its services to the community it services.

The draft strategy is expected to be completed in time for it to be approved by the Nelson Marlborough DHB Board at its June or July 2019 meeting. The policy is expected to be completed and approved by the chief executive in time for new ICPSA applications from 1 August 2019.

If you wish to get in touch please email us at [jo.mickleson@nmdhb.govt.nz](mailto:jo.mickleson@nmdhb.govt.nz)

**From:** [Jo Mickleson](#)  
**Subject:** MDHB Community Pharmacy Strategy and lifting of Moratorium  
**Date:** Thursday, 20 February 2020 3:06:05 PM  
**Attachments:** [NMDHB Community Pharmacy Strategy 2019.pdf](#)

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Good afternoon,

On behalf of Cathy O'Malley, General Manager Strategy, Planning and Community, Nelson Marlborough District Health Board (NMDHB), please find attached NMDHB Community Pharmacy Strategy which was approved by the NMDHB Board in January 2020.

Thank you for your feedback on the original draft which helped inform this finalised Strategy. Please feel free to distribute this Strategy to any stakeholder you deem appropriate.

The NMDHB Community Pharmacy Strategy seeks to assist in ensuring the right pharmacy care is provided where it is needed with an emphasis on ensuring equity of access to both general and targeted community pharmacy services. NMDHB greatly appreciates the considerable care that community pharmacy services provide to the populations and visitors of Nelson, Marlborough and Tasman. Medicines are commonly used to maintain well-being and pharmacists also increasingly provide advice and care in other health services such as vaccinations and managing medicines, so they are a valued and important member of the health care team.

The release of this Strategy signals the end of the moratorium on applications for new Integrated Community Pharmacy Services Agreements (ICPSA), effective immediately. Any new ICPSA applicants should first contact the Pharmaceutical Services Manager, Jo Mickleson, on [jo.mickleson@nmdhb.govt.nz](mailto:jo.mickleson@nmdhb.govt.nz). Please note that the process for consideration of an ICPSA application, will take significantly longer than was previously the case and may not be accepted. NMDHB strongly advises against any investment in infrastructure or related investments prior to the granting of an ICPSA.

We look forward to continuing to engage with our community pharmacy partners under the umbrella of this strategy.

Kind regards,

**Jo**

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## Nelson Marlborough Health Community Pharmacy Strategic Plan 2019-2025

### Our Vision/ Tō tātou Manako

“All people live well, get well, stay well”

“Kaiao te tini, ka ora te mano, ka noho ora te nuinga”

### Our Mission/ Tō tātou kaupapa

“Working with the people of our community to promote, encourage and enable their health, wellbeing and independence”

“Kei te mahitahi tātou hei whakapiki te oranga me te motuhaketanga o to tatou hapori”

### Our Values/ Ō tātou whanonga pono



# Nelson Marlborough DHB COMMUNITY PHARMACY STRATEGIC PLAN

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***The five themes – people-powered, closer to home, value and high performance, one team and smart system – are cornerstones in establishing a health sector that understands people’s needs and provides services that are integrated across sectors, emphasising investment early in life, maintaining wellness, preventing illness, and providing support for the final stages of life.***

***1.3 million People in New Zealand visit community pharmacies each month, for Nelson Marlborough that equates to about 47,000***

## **EXECUTIVE SUMMARY**

This document has been developed to outline a strategy for Nelson Marlborough DHB community pharmacy services through to 2025. It has been developed based on previous work undertaken in New Zealand, current international best practice and expert opinion. Community pharmacy is rapidly evolving and it has the potential to broaden its scope to include a wider range of assessment, screening, diagnostic and therapeutic interventions in addition to providing a full range of medicines management services.

This strategy aims to provide a platform that supports creativity and innovation in the delivery of community pharmacy services in the short and medium term, whilst also providing sufficient flexibility to respond to changes as they arise.

This strategy also builds on other strategic work that guides the future direction of health services including the New Zealand Health Strategy, the Pharmacy Action Plan and Integrated Pharmacist Services in the Community Agreement.

It is well recognised that the pharmacist workforce is younger than other health workforces and highly qualified, and their skills remain under- utilised. There is significant evidence that demonstrates making better use of these skills will improve health outcomes, optimise medicines management and reduce medicines related harm.

Nelson Marlborough DHB has identified implementing the Pharmacy Action Plan and Medicines New Zealand 2015 to 2020, as high priorities.

A strong focus on optimising community pharmacy services will enable Nelson Marlborough DHB communities to have confidence that Community Pharmacy Services:

- Are delivered in the right place at the right time for the right people;
- Are accessible regardless of where people live;
- Support people to care for themselves;
- Provide integrated care through collaboration with other health care providers and users;
- Enhance primary/community care linkages; and
- Increase primary/community care capacity.

The value of this strategy will be realised through meaningful consultation and engagement with community pharmacists both nationally and locally and will include:

- Providing leadership and vision in identifying how

community pharmacy services can improve health outcomes for service users ;

- Contributing to the alliancing process, including the development and outcomes of System Level Measures;
- Ongoing development of the Nelson Marlborough DHB Integrated Community Pharmacy Services Plan and associated implementation recommendations;
- Ensuring the alignment, development and sustainability of medicine management and community pharmacy services in partnership with other health providers to deliver outcomes for service users

This work will be underpinned by the Community Pharmacy Quality Standards detailed in section 6 of this document, with a focus on:

- Person and whānau centred care
- Service delivery with a focus on equitable access
- Capacity and capability
- Collaboration

The intent of this strategy is that it is ratified by key stakeholders and continues to be developed and refined in response to the evolution of community pharmacy and in response to the needs of our communities.

Signed on 25 January 2020 by:



Jenny Black  
**Board Chair**



Craig Dennis  
**Board Deputy Chair**

***We need to procure, use and manage medicines wisely (including new innovations) in order to meet the needs of our ageing population, tackle the growth in multi-morbid long-term conditions and achieve fiscal sustainability.***

***(Hon Peter Dunne, Associate Minister of Health 2015).***

***The Pharmacy Action Plan describes the future of pharmacist services***

## 1. INTRODUCTION

The key objective of the Strategy Primary and Community Directorate was to develop a Community Pharmacy Services Quality Framework and Commissioning Guidelines for Community Pharmacy Services that will ensure availability of appropriate community pharmacy services to the Nelson Marlborough Region population through to 2025.

This included:

- Development of an overview of current and future community pharmacy services;
- Development of quality standards for Community Pharmacy;
- Development of commissioning guidelines for Community Pharmacy;
- Recommendations/solutions that are patient centric, and fiscally and clinically sustainable.

Consultation will take place with the sector and other stakeholders to inform the development of the quality standards and to gain an understanding of some of the key issues and challenges faced by consumers and community pharmacies.

This strategy consolidates the work above and provides a framework to support continued development of community pharmacy services so that they continue to deliver optimal pharmacy services as they evolve, and meet the needs of the community with a strong focus on reducing inequity and improving health outcomes.

### What is Community Pharmacy?

Nelson Marlborough DHB supports the future direction for pharmacy services outlined in the Pharmacy Action Plan:

Pharmacist services, as an integrated component of a people-powered, 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.

## Benefits of Community Pharmacy

*Each time a pharmacist dispenses a prescription is a valuable opportunity to discuss care with a patient, carer or other healthcare professional to promote enhancement or improvement).*

*The likelihood that an elderly medical patient will be discharged on the same medicines that they were admitted on is less than 10%*

*(Royal Pharmaceutical Society 2012)*

*Pharmacy Action Plan describes the future of pharmacist services*

This document proposes a community pharmacy strategy that will realise significant benefits for the Nelson Marlborough DHB population, whilst there are a number of well documented benefits to community pharmacy services, the full potential has yet to be realised.

A number of countries including the UK, Canada and the US are beginning to look to community pharmacies to more actively engage in health and wellness programmes as they have the ability to support effective, efficient, accessible services more conveniently than many other providers.

Community pharmacy services contribute to:

- Earlier intervention due to accessible locations, longer opening hours and 'drop in' facilities;
- Improved quality and timeliness of information available to patients and other healthcare providers leading to improved outcomes;
- Reduced hospital admissions and readmissions due to easier access enabling early diagnosis and intervention;
- Reduced harm particularly during transfer of care;
- Reduced harm attributable to medication errors;
- Increased patient satisfaction with outcomes from the use of medicines;
- Improved quality of life and life expectancy for people with long-term conditions;
- Improved ability of people to self-care;
- Increased health literacy;
- Reduced preventable mortality and morbidity;
- Better managed costs in DHBs and in the community by reducing adverse medication events, improving medicines usage and management, and enabling increased access to services.

## About this Document

This document comprises:

*This document has been developed to outline a strategy for Nelson Marlborough DHB community pharmacy services through to 2025*

Section	Content
1. Introduction	Sets out the objectives, scope and the approach to the development of this strategy.
2. Background	Outlines the strategic context in which this plan has been developed
3. Nelson Marlborough DHB Population	Profiles the Nelson Marlborough DHB population and some of the challenges faced in improving health outcomes.
4. Current Community Pharmacy Services	Profiles current service provision arrangements.
5. Community Pharmacy - Future Direction	Summarises the direction for community pharmacy over the next 5 to 10 years.
6. Community Pharmacy Quality Standards	Proposes a framework that can be applied to ensure patient and whānau centred care is at the heart of decision making when establishing future community

## 2. BACKGROUND

### Key Strategic and Policy Drivers

The Pharmacy Action Plan 2016 to 2020, The New Zealand Health Strategy (2016), and Implementing Medicines New Zealand 2015 to 2020 are the key national documents that underpin this strategy.

#### Triple Aim

- ❖ *Improved quality, safety and experience of care.*
- ❖ *Improved health and equity for all populations.*
- ❖ *Best value for public health system resources.*

In addition the New Zealand Triple Aim underpins the approach and will support Nelson Marlborough DHB to achieve its strategic objectives for community pharmacy services and facilitate:

- Eliminating inequity
- Increasing access to services
- Improving health outcomes
- Implementation of the Pharmacy Action Plan
- Sustainable pharmacy services.

We have a number of challenges facing our community; we need to act now to ensure that we can continue to deliver the health care that our population needs.

Nelson Marlborough DHB population is characterised by low growth, a large elderly population, and small areas of high deprivation:

- NMDHB serves a population of 150,770 (2018/2019 projection)
- 1.2% population growth from 2017 to 2018 (1800 people)
- 21.4% are aged 65 and over and this is predicted to rise to 29.6% by 2028
- 10.5% (expected to grow to 12.8% by 2028) of the Nelson Marlborough population is Maori, of which only 88% are enrolled with a PHO.

*Nelson Marlborough  
DHB needs to plan now  
for the significant  
challenges ahead*

*Poverty is both a cause  
and a consequence of  
poor health. Poverty  
increases the chances of  
poor health. Poor health  
in turn traps  
communities in poverty.  
(Health Poverty Action)*

## Why we need to do things differently

We need to determine how we can make best use of available resources to meet the needs of those currently supported by community, primary and specialist services, as well as managing the increasing burden of chronic disease and the impact of an aging population. In addition we need to develop capacity within the wider system to identify those who are vulnerable or at risk, as well as support those with less severe disorders. The aim is to ensure focus across a broad range of services and providers, and to look for opportunities for innovation and new ways of delivering services.

Community pharmacies could provide significant contribution to improvement in outcomes in many important areas:

- **Ambulatory Sensitive Hospitalisation (ASH) rates.** Improving preventive and community care for young tamariki so they can avoid the types of illnesses that need treatment in hospital.
- **Acute hospital bed days per capita.** Improving preventive and community care for adults so they can avoid the types of illnesses that need treatment in hospital.
- **Patient experience of care.** Improving people's experience of health care in the community and in hospital by asking them about this and responding to their feedback.
- **Amenable Mortality.** Focusing on preventing and better treatment of illnesses that can result in people dying too young.
- **Number of babies who live in a smoke-free household at 6 weeks postnatal.** Giving Tamariki the best start to life through reducing exposure to tobacco smoke in pregnancy and infancy.
- **Youth access to and utilisation of youth appropriate health services.** Creating services that meet the needs of teenagers and young adults.

### 3. NELSON MARLBOROUGH DHB POPULATION

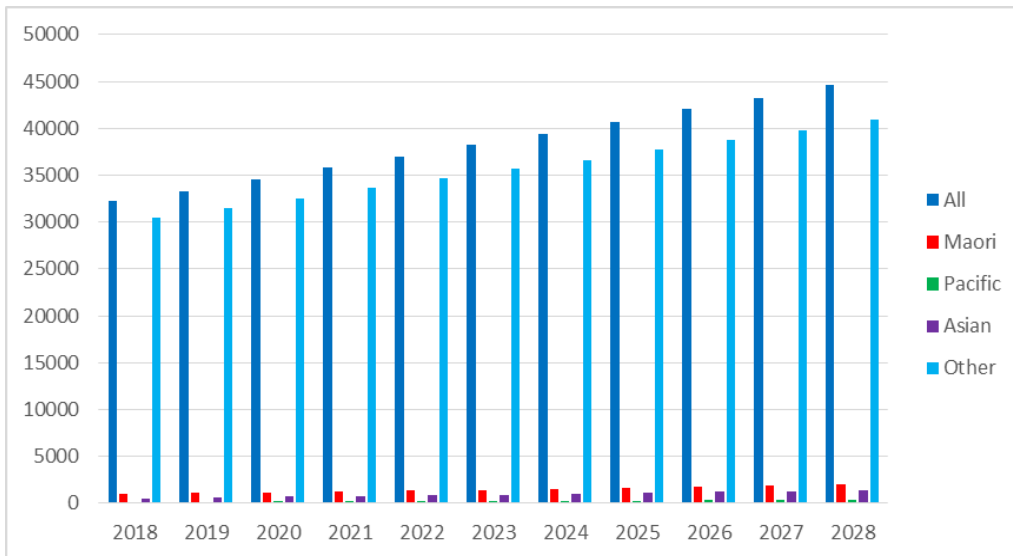
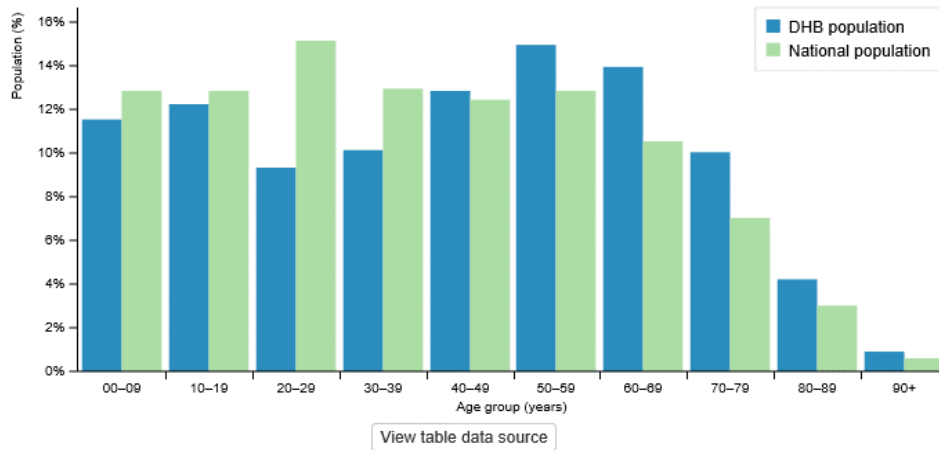
## Population of Nelson Marlborough DHB

Nelson Marlborough District Health Board serves a population of 150,770 people (2018/19 projection).

- Nelson Marlborough's population tends to be significantly older than the national average.
- Nelson Marlborough has a lower proportion of Māori and Pacific people living there compared to the national average.
- Nelson Marlborough has a very low proportion of people in the most deprived section of the population.

### Population by age, 2018/19

Nelson Marlborough's population tends to be significantly older than the national average.

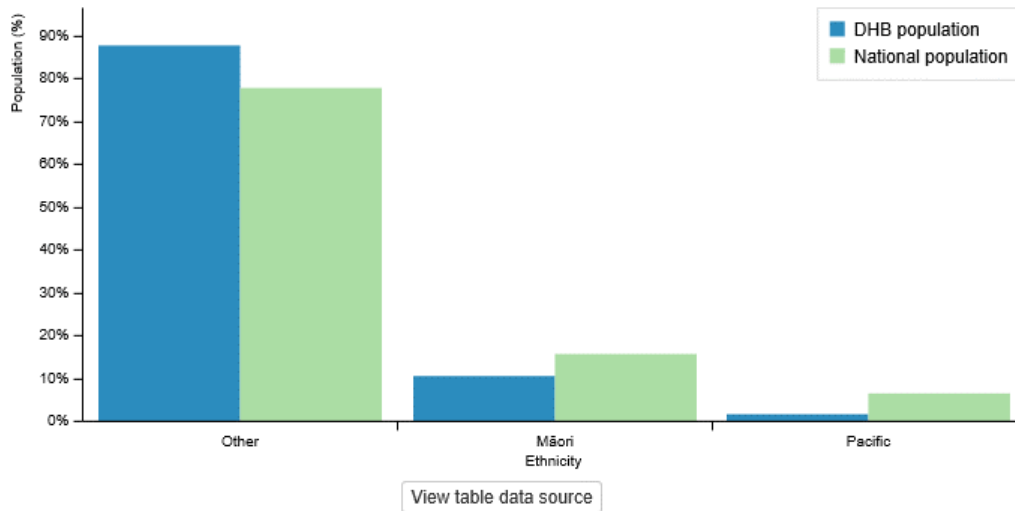


Over 65 population growth to 2028 by ethnicity



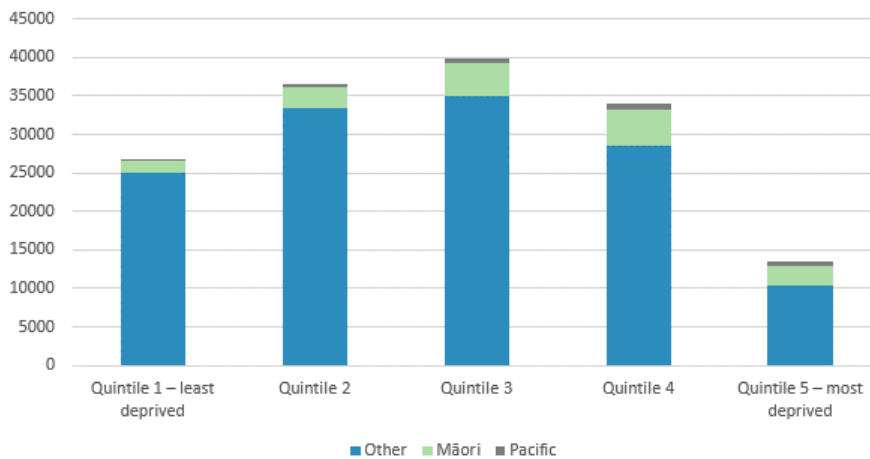
## Ethnic mix, 2018/19

Nelson Marlborough has a lower proportion of Māori and Pacific people living there compared to the national average.



## Deprivation, 2018/19

Nelson Marlborough has a very low proportion of people in the most deprived section of the population.



Deprivation is reported in 'quintiles'. Quintile 1 represents the least deprived section of the population while quintile 5 represents the most deprived section.

Nationally, each quintile represents 20% of the population. The percentages in each quintile will vary for each DHB.

- If a DHB has **more than 20%** of people within a quintile, it means there are **more people in that deprivation group** than the national average.
- If it has **less than 20%** of people within a quintile, it means there are **fewer people in that deprivation group** than the national average.

# Our population is vulnerable

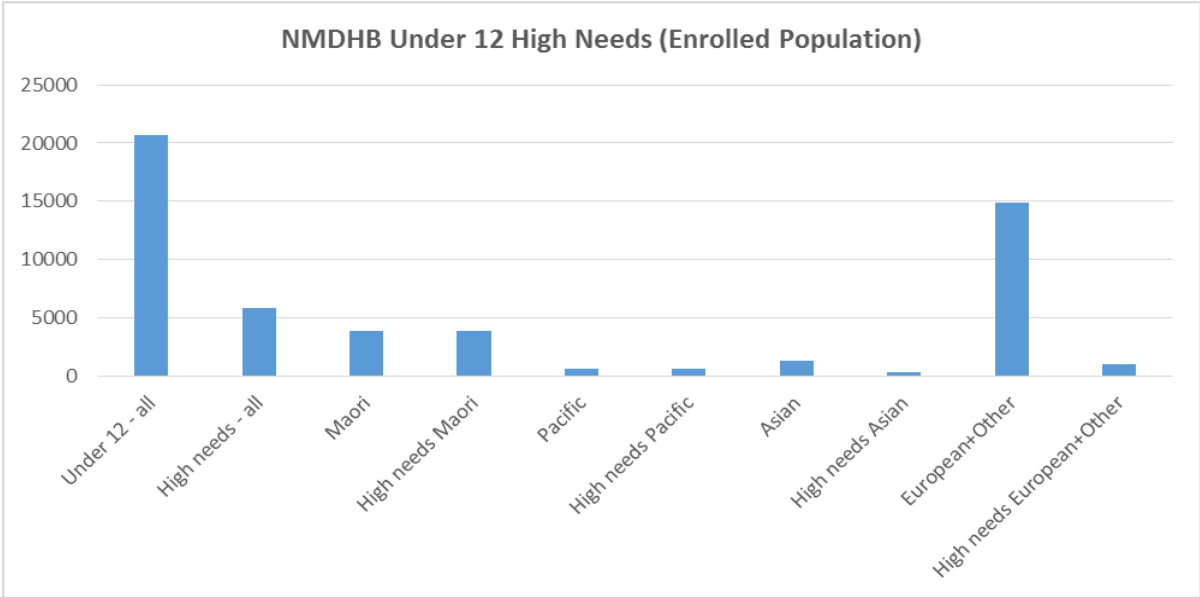


Figure 5: Nelson Marlborough DHB under 12 population profile (Q1 2019)

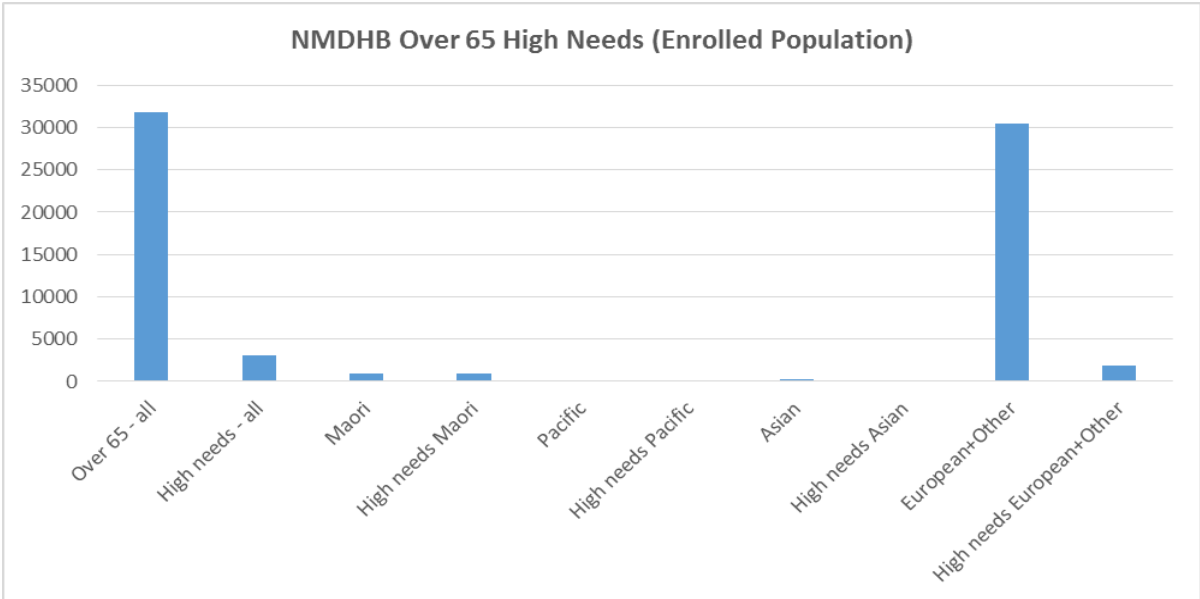
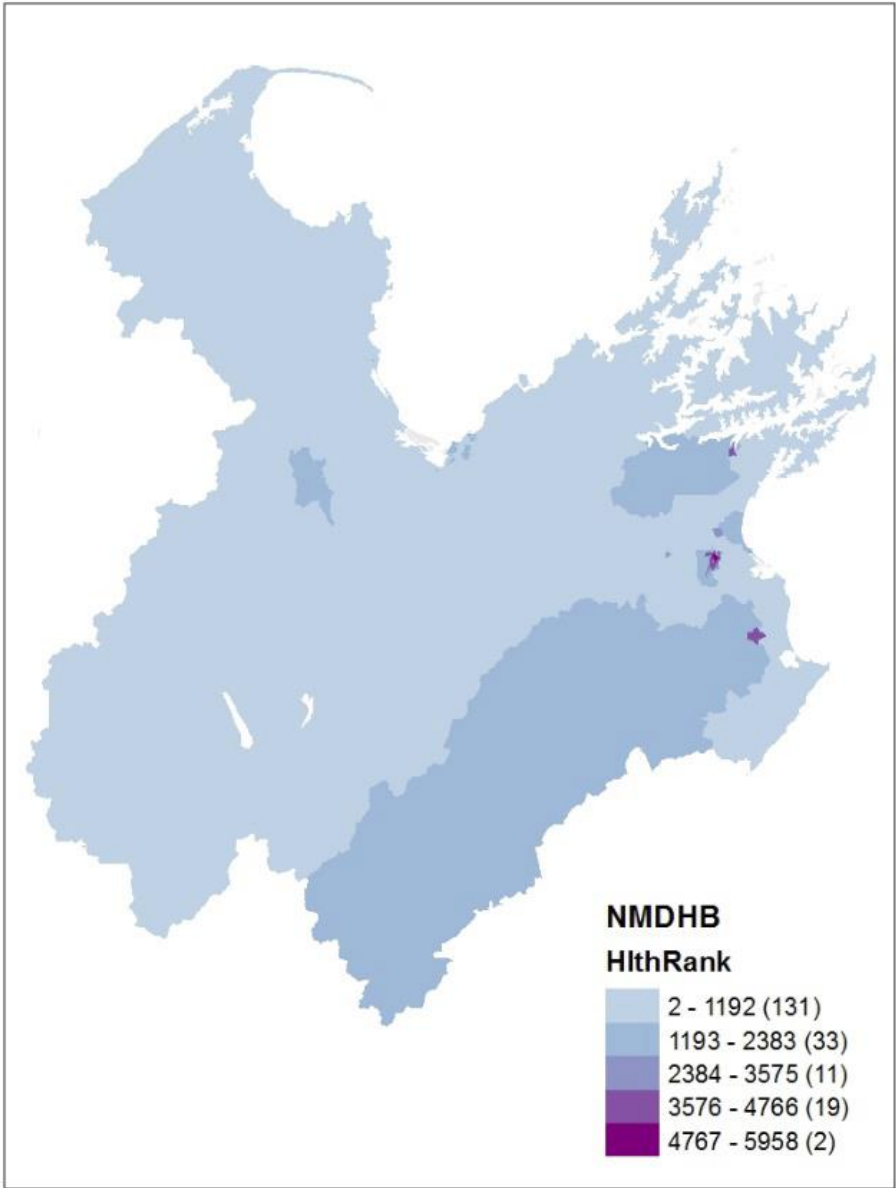
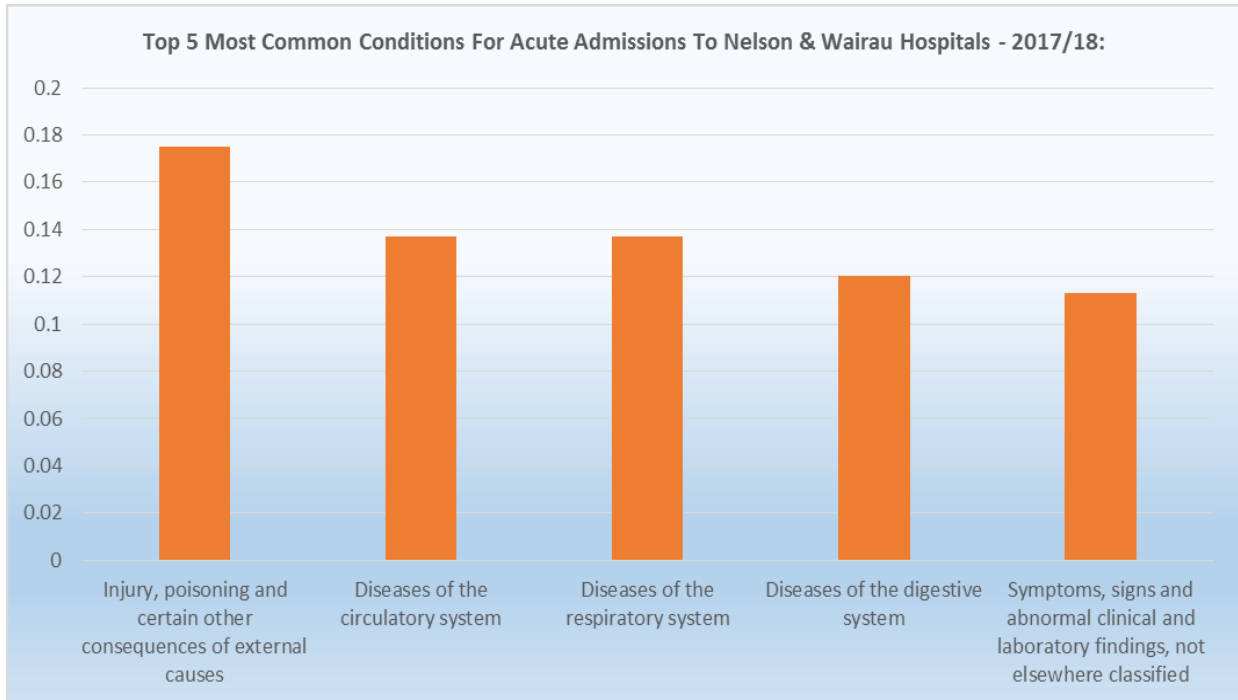


Figure 5: Nelson Marlborough DHB over 65 population profile (Q1 2019)

### Deprivation Domain - Health



The Health Domain consists of five indicators: standard mortality ratio, acute hospitalisations related to selected infectious and selected respiratory diseases, emergency admissions to hospital, and people registered as having selected cancers. In the Nelson Marlborough DHB, only 1.0% (2/196) of data zones were among the 20% most health deprived in NZ, while 66.8% (131/196) were among the least deprived 20%. The median health deprivation rank in the Nelson Marlborough DHB was 665, 38.8% (2314 ranks) better than the NZ median, showing that there are very low levels of health deprivation in the Nelson Marlborough DHB. The two data zones with Q5 health deprivation were located in Blenheim.



**Figure 8: Nelson Marlborough DHB most common conditions for acute admissions by ethnicity (2017/2018)**

***Access to health care is a huge issue for a large portion of our population***

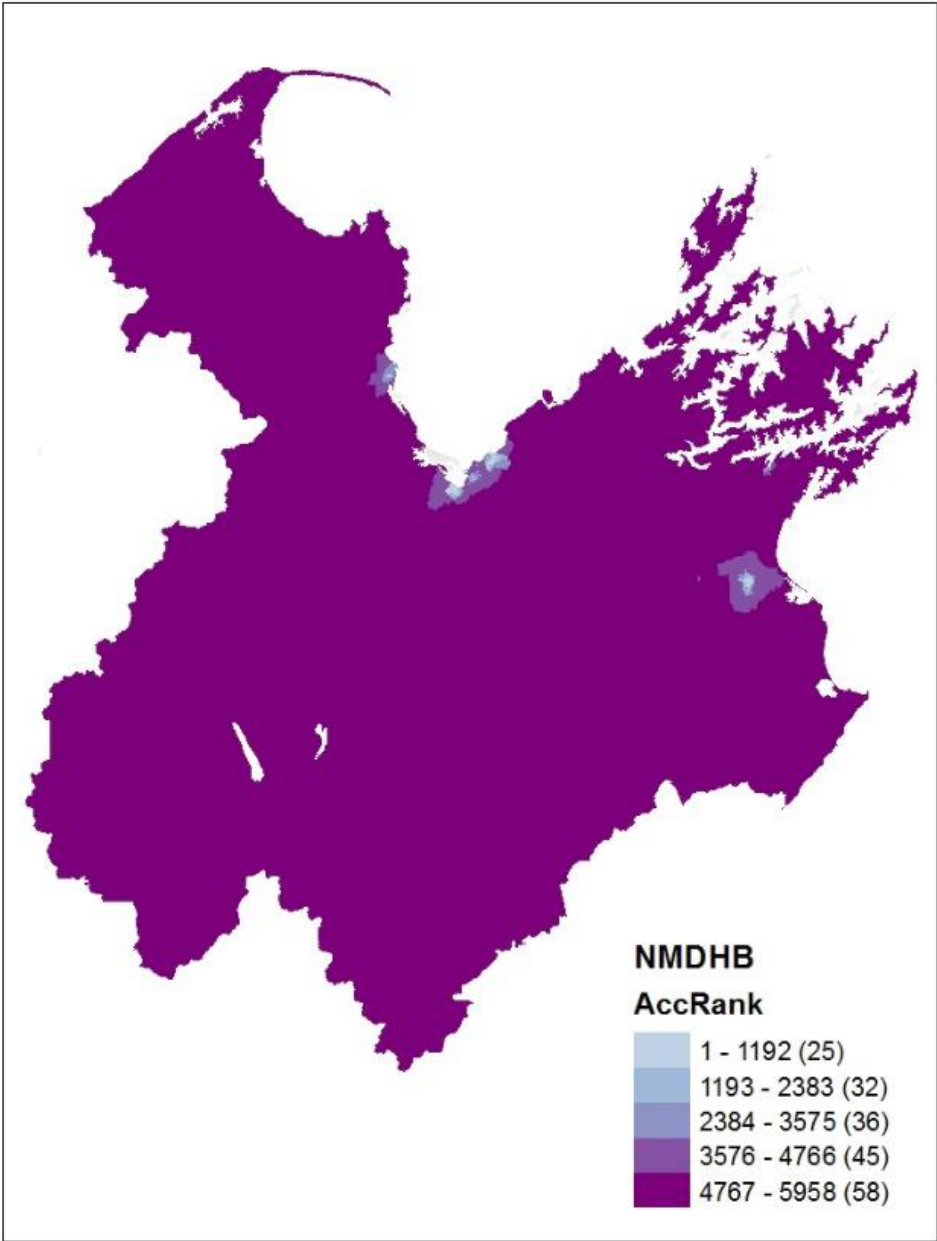
### **Our population is geographically spread**

As can be seen from the Access Deprivation Domain on Page 16, Nelson Marlborough District Health Board covers a large area which is predominantly unpopulated. The major centres of population are Nelson, Marlborough, and Richmond. The main smaller communities are Brightwater, Havelock North, Murchison, Picton, Takaka, Wakefield and Ward

A large part of the Nelson Marlborough area is rural with many communities being very isolated with limited access to health and social services, especially after-hours.

Access in this instance refers to distance to GPs, accident and medical centres, supermarkets, service stations, schools and early childhood centres.

### Deprivation Domain - Access



The Access Domain measures the distance from the centre of each neighbourhood to the nearest three GPs, supermarkets, service stations, schools and early childhood education centres. In the Nelson Marlborough DHB, 29.1% (57/196) of data zones were among NZ's 20% most access deprived, while 12.8% (25/196) were in NZ's 20% least deprived. The median access deprivation rank in the NMDHB was 3690, 11.9% (711 ranks) worse than the NZ median. Predictably, the entire rural part of the NMDHB was Q5 access deprived. Access to services was good in and around Motueka, Nelson and Blenheim.

## 4. CURRENT COMMUNITY PHARMACY SERVICES

### Community Pharmacy Locations

Community pharmacy services are presently provided through a network of 30 community pharmacies in Marlborough, Nelson, and Turangi:

- 11 in Marlborough
- 19 in Nelson including 11 in Tasman

Most pharmacies are located in close proximity to the town centres. Co-location with a medical centre is common and while the proximity enables collaboration, true integration and the shared care or management of complex patients is a largely untapped opportunity.

### Community Pharmacies as at June 2019

<u>Marlborough Pharmacies</u>	<u>Nelson Pharmacies</u>	<u>Tasman Pharmacies</u>
Civic Pharmacy	Collingwood St Pharmacy	Bay Pharmacy Motueka
Community Care Pharmacy	Hardy Street Pharmacy	Fry's Pharmacy
John Poswillo Pharmacy	Harley's Pharmacy	Golden Bay Pharmacy
Life Pharmacy Blenheim	Hurst & Taylor Unichem Ph'cy	Greenwood St Pharmacy
Marlborough UFS Dispensary	Life Pharmacy Nelson City	Life Pharmacy Motueka
Medical Centre Pharmacy	Life Pharmacy Prices	Mapua Pharmacy
Omaka Landing Pharmacy	Unichem Nelson Pharmacy	McGlashen Pharmacy
Picton Healthcare Pharmacy	Victory Square Pharmacy	Queen Street Pharmacy (QSP)
Unichem Redwoodtown Ph'cy		Unichem 162 High St Pharmacy
Unichem Springlands Pharmacy		Unichem Richmond Mall
Wairau Pharmacy		Wakefield Pharmacy

Figure 10: Table of Community Pharmacies in Nelson Marlborough as at June 2019

## Community Pharmacy Access

The following table provides a summary of the current opening hours of community pharmacies in Marlborough, Nelson, and Tasman.

Most pharmacies open standard business hours, Monday to Friday and may open for a few hours on a Saturday. A handful open for extended hours including weekend and some or all Statutory Holidays:

- 2 in Marlborough, one with significant opening hours every day except non-trading days (e.g. Christmas, Easter Friday etc)
- 1 in Nelson with significant opening hours every day
- 2 in Tasman, 1 with extended hours every days and one with seasonally linked extended hours (more in the summer) except non-trading days (e.g. Christmas, Easter Friday etc)

People that live in the Nelson (including Tasman) and Marlborough, have good access to community pharmacies from Monday to Friday from 08.30 to 17.30. Access reduces after hours and on Saturdays, Sundays and Public Holidays.

To access a pharmacy, some people in outlying areas such as Murchison and Takaka have to travel up to 115 km on a Sunday or Public Holiday.

## Community Pharmacy Service Provision

A new contract for pharmacy services the 'Integrated Community Pharmacy Services Agreement' (ICPSA) came in to effect in October 2018. The contract is considered a key step in enabling delivery of the Pharmacy Action Plan, allowing for delivery of both national and local community pharmacy services, and therefore advancement of both national and local health objectives.

The contract is divided in to 3 Schedules:

***Approximately  
2.3 million items  
are dispensed  
each year from  
Community  
Pharmacies in  
the Nelson  
Marlborough  
district***

1. Schedule 1: dispensing and professional advisory services.
2. Schedule 2: the new additional professional advisory services payment.
3. Schedule 3: population services
  - a) Schedule 3A: nationally consistent services:
    - Opioid substitution Treatment Services
    - Aseptic Service
    - Sterile Manufacturing Services
    - Clozapine Services
    - Influenza Immunisation Services
  - b) Schedule 3B – Local Services with national specifications:
    - Long Term Conditions Pharmacy Services
    - Community Residential Care Pharmacy Services
    - Age-related Residential Care Pharmacy Services
    - Long Term Conditions Pharmacy Services
    - Community Residential Care Pharmacy Services
    - Community Pharmacy Anticoagulation Monitoring Service
    - Special Foods Services
    - Stop Smoking Services
  - c) Schedule 3C – local services for 1 or more pharmacies:
    - Clinical Integraton
    - Medicines Use Review
    - Asthma Control Test
    - Long Term Conditions – extra for Mental Health
    - Workforce Development
    - Miscellaneous

Schedules 1 and 2 apply to all community pharmacies, schedule 3A applies to some or all pharmacies providing population services, Schedule 3B relates to locally commissioned services which generally have a national specification, and Schedule 3C applies to local arrangements with local specifications for individual pharmacies.

There is a commitment to provide LTC pharmacy services until at least 30 September 2020 for existing community pharmacy LTC providers.

Any changes to existing services as a result of local commissioning must follow the change process outlined in the ICPSA.



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

## **Community Pharmacy Workforce**

New Zealand has a relatively young and very well qualified community pharmacy workforce:

- New Zealand has more than 3500 practising pharmacists
- 75 percent of these work in community pharmacies
- There are approximately 1000 community pharmacies in New Zealand
- 1.3 million people visit community pharmacies each month
- Pharmacists are a young workforce with 42% of practising pharmacists being aged 35 years or younger and almost 62% are under 45 years old

However, like most of provincial New Zealand, and like other healthcare professions, Nelson and Marlborough struggle to recruit pharmacists to the region and this extends to recruitment in the hospital as well as in the community. The NMDHB has an important project underway to focus on the future health workforce for the region.

## 5. COMMUNITY PHARMACY – FUTURE DIRECTION

### Stakeholders have said what's important to them

NMDHB has not specifically undertaken a stakeholder survey regarding public expectations, however there is more information available from other national and DHB level work and the outcomes are similar.

A number of key themes emerge which are consistent with the literature:

*I need to know that the pharmacist and staff have my best interests at heart, and a process for me to engage*  
(Patient comment 2017)

- People want a trusting relationship with a pharmacist and for services to be provided in a person-centric and culturally appropriate way.
- People want information about their medicines to be available in a way that is easy to understand, to know what a medicine is for, and to be informed of side effects and interactions.
- People want to be empowered to self-manage and access their pharmacist for regular health checks, monitoring and on-going medicine management.
- People's experience of pharmacist services was found to be variable depending on accessibility, relationship and communication with their pharmacist and knowledge of what a pharmacist does. Experiences were found to be particularly variable for those with mental illness.
- Pharmacists should be part of a comprehensive integrated health system.

### Strategy alignment

A specific needs analysis has not been undertaken to inform this strategy, rather the approach taken has been to align the community pharmacy strategy with the broader Nelson Marlborough DHB strategic direction and consider ways in which community pharmacy services can contribute to eliminating inequities and improving health outcomes in areas that have already been identified as needing attention.

The following matrix on Page 21 summarises the priorities already identified by Nelson Marlborough DHB as requiring particular focus over and above its business as usual activities.

# NMDHB Key Health Priorities Matrix

## All people live well, get well, stay well Nelson Marlborough Health Key Priorities to June 2020

Priority	Te Tiriti o Waitangi / The Treaty of Waitangi							Models of Care
<p><b>Achieve health equity:</b> Improve health status of those currently disadvantaged, particularly Māori</p>	<p><b>Māori Health</b></p> <ul style="list-style-type: none"> <li>•Embed Hauora Direct (vulnerable population assessments)</li> <li>•Establish Hapū Wānanga</li> <li>•Strengthen Whare Ora</li> <li>•Progress initiatives related to working towards equity workstream.</li> </ul>	<p><b>Mental Health &amp; Disability</b></p> <ul style="list-style-type: none"> <li>•Strengthen the stepped care model</li> <li>•Strengthen our response and preparedness for Enabling Good Lives system transformation</li> <li>•Implement Government agreed actions following the MH&amp;A Inquiry</li> <li>•Reduce harm caused by methamphetamine</li> </ul>	<p><b>Primary &amp; Community</b></p> <ul style="list-style-type: none"> <li>•Advance Health Care Home</li> <li>•Improve access to health professional advice</li> <li>•Strengthen care coordination in alignment with general practice / locality clusters</li> <li>•Maximise the role of community pharmacy</li> </ul>	<p><b>Oral Health</b></p> <ul style="list-style-type: none"> <li>•Improve equity of enrolment &amp; utilisation of oral health services</li> </ul>	<p><b>Youth Health</b></p> <ul style="list-style-type: none"> <li>•Strengthen school based health services</li> <li>•Promote and facilitate <i>The Plan</i> to encourage sensible attitudes to alcohol</li> <li>•Use Youth Advisory Panel to support future service improvements and development</li> <li>•Ensure young people feel safe and supported by health services</li> </ul>	<p><b>Invest in Children</b></p> <ul style="list-style-type: none"> <li>• Ensure every child is a wanted child and child wellbeing is everyone's business</li> <li>•Contribute to the First 1000 days – vulnerable children are identified, pilot implemented in Motueka with linked community teams,</li> <li>•Parents are provided support</li> </ul>	<p><b>Service Improvement</b></p> <ul style="list-style-type: none"> <li>•Improve acute demand management across the system</li> <li>•Improve patient flow</li> <li>•Improve perioperative efficiency</li> <li>•Implement a Nelson-Wairau service delivery model</li> <li>•Maximise support for those living with dementia</li> <li>•Improve cooperation to benefit people whose health and/or disability needs fall between current services.</li> <li>•Improve pathway of the deteriorating patient</li> </ul>	<p><b>Five year programme of transformational change that will inspire new models of care to drive:</b></p> <ul style="list-style-type: none"> <li>• Innovation</li> <li>• Improved access and patient centred services</li> <li>• Population wellbeing and equitable outcomes</li> <li>• Coordination and integration of people, information and systems</li> </ul> <p><b>Ten projects comprise the programme:</b></p> <ol style="list-style-type: none"> <li>1. Towards Equity: Extension of Hauora Direct</li> <li>2. Health Care Home Tranche 2</li> <li>3. Contribution to the First 1,000 Days</li> <li>4. Acute Demand: Medical Admissions &amp; Planning Unit</li> <li>5. Strengthening Coordinated Care</li> <li>6. Virtual Health</li> <li>7. Access to timely advice</li> <li>8. Shared Information Platform</li> <li>9. Workforce Development</li> <li>10. Health Intelligence</li> </ol>
<p><b>Drive efficient, effective, safe &amp; sustainable healthcare:</b> Support clinical governance, innovation &amp; invest to improve</p>	<p>•Ensure NMH has a workforce that will support new models of care by:</p> <ol style="list-style-type: none"> <li>1. Producing a workforce development plan that promotes staff wellbeing, a positive culture, and is clinically led with an emphasis on education, growing our own; and matching workforce to demand</li> <li>2. Focussing on building Māori health workforce capacity and capability</li> <li>3. Developing a workforce strategy aligning to the national workforce strategy and including attracting and retaining Māori employees and leaders</li> </ol>							
<p><b>One Team:</b> Achieve joined-up care and wellbeing across health, local authority and social services</p>	<p>•To enable above initiatives, expand the shared care information platform for both hospital and community, and implement virtual health pilots.</p> <p>•Create health intelligence systems and a culture to inform data-driven quality improvement.</p> <p>•Continue to implement the Regional Service Provider Index across the South Island, and further SIPICS foundation functionality.</p> <p>•Improve the resilience and security of the hospital digital infrastructure, including migration to Microsoft Office 365</p>							
<p><b>Workforce:</b> Develop the right workforce capacity, culture, capability &amp; configuration</p>	<p>•Complete the various planning stages for a redevelopment of Nelson Hospital in line with the requirements determined through the Models of Care programme and future demand projections:</p> <ul style="list-style-type: none"> <li>• Determine interim facility requirements to address capacity and other constraints in the period until a new facility has been completed</li> <li>• Submission of the Indicative Business Case and response to any review by the Ministry of Health and Treasury</li> <li>• Commencement of the Detailed Business Case and detailed design phases</li> </ul>							
<p><b>Information Technology:</b> Support better information sharing, efficiency and effectiveness</p>	<p>Deliver within our available resources</p>							
<p><b>Facility Development:</b> Plan for a redevelopment of Nelson Hospital</p>	<p>Minimise our environmental impact</p>							

Kaiao te tīni, ka ora te mano, ka noho ora te nuinga

## 6. COMMUNITY PHARMACY QUALITY FRAMEWORK

*The supply of medicines must not be seen as an end in itself; it is the starting point for an ongoing relationship that offers a proven, cost-effective means of helping patients get the best outcomes from their medicines, as well as supporting interventions that help them achieve their overall health goals (Thornley et al 2017)*

The Community Pharmacy Quality Framework comprises of four domains which link to Nelson Marlborough DHB's strategic objectives. Each domain has a number of associated standards that have been developed from and informed by a user perspective.

The domains are:

- Person and whānau centred care
- Service delivery
- Capacity and capability
- Collaboration

Further detail on the standards and how they may be applied is detailed later in this section.

The infographic below summarises the four interconnected domains with the user, family, or whānau at the centre.



Figure 14: Community Pharmacy Quality Framework



*The community pharmacist is often the part of the health system that people have the most regular contact with and the easiest access to. (Pharmacy Action Plan 2016)*

## Delivering Community Pharmacy Services that meet the needs of our communities

The recommendations and suggested actions within this document aim to work towards achieving a fully integrated model of care for people accessing community pharmacy services, recognising that users often have physical, emotional, social and environmental needs that can be complex and involve multiple supports and services.

The table below identifies the links between the Nelson Marlborough DHB Quality Standards, the New Zealand Health Strategy and the Pharmacy Action Plan.

Quality Standard	Outcomes	Links to the NZ Health Strategy	Links to the Pharmacy Action Plan
Person and Whānau Centred Care	<ul style="list-style-type: none"> <li>Access to the right services in the right place at the right time</li> <li>An environment that is inviting with good access regardless of my level of mobility, or cognitive or other abilities</li> <li>Access to pharmacy services regardless of where I live</li> </ul>	<ul style="list-style-type: none"> <li>People powered</li> <li>Closer to home</li> </ul>	<ul style="list-style-type: none"> <li>Population and personal health</li> <li>Medicines management services</li> <li>Minor ailments and referral</li> <li>Dispensing and supply services</li> </ul>
Service Delivery	<ul style="list-style-type: none"> <li>To have a pharmacy home where I have a good relationship and where all of my medicines/pharmacy-related needs can be met</li> </ul>	<ul style="list-style-type: none"> <li>People powered</li> <li>Closer to home</li> <li>Value and high performance</li> <li>One team</li> </ul>	<ul style="list-style-type: none"> <li>Population and personal health</li> <li>Medicines management services</li> <li>Minor ailments and referral</li> <li>Dispensing and supply services</li> </ul>
Capacity and Capability	<ul style="list-style-type: none"> <li>A pharmacy that provides expertise and leadership in medicines/pharmacy-related services</li> <li>To know that I am getting current, culturally safe and competent, evidence based expert advice on pharmacy and medicines related services</li> </ul>	<ul style="list-style-type: none"> <li>Value and high performance</li> <li>Smart system</li> </ul>	<ul style="list-style-type: none"> <li>Population and personal health</li> <li>Medicines management services</li> <li>Minor ailments and referral</li> <li>Dispensing and supply services</li> </ul>

PTO

Quality Standard	Outcomes	Links to the NZ Health Strategy	Links to the Pharmacy Action Plan
Collaboration	<ul style="list-style-type: none"> <li>To receive a high quality professional service as part of a multidisciplinary programme of care</li> </ul>	<ul style="list-style-type: none"> <li>People powered</li> <li>Value and high performance</li> <li>One team</li> </ul>	<ul style="list-style-type: none"> <li>Population and personal health</li> <li>Medicines management services</li> <li>Minor ailments and referral</li> <li>Dispensing and supply services</li> </ul>

## What we will do: Opportunities, Priorities and Options

*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 Action Plan 2016)*

Nelson Marlborough DHB has identified the need to focus on improvement in six system level measures (SLM's).

The six SLMs are:

1. Reduce ambulatory sensitive hospitalisation (ASH) rates
2. Reduce acute hospital bed days per capita.
3. Improve patient experience of care.
4. Reduce amenable Mortality.
5. Increase number of babies who live in a smoke-free household at 6 weeks postnatal.
6. Increase youth access to and utilisation of youth appropriate health services

There are a number of ways in which community pharmacy services could be developed to support and address the six system level measures. A number of options are suggested in the international literature with some initiatives having been implemented in New Zealand and internationally.

Any options would need to be considered in the context of their ability to support the following:

- Nelson Marlborough DHB strategic direction
- The Pharmacy Action Plan
- Local health need
- Addressing the equity gap
- Improving health outcomes particularly for Māori
- Supporting sustainable community pharmacy services
- Providing integrated care with other primary health providers

The following are service development opportunities that need to be considered for future development. This list is not exhaustive

- Medicines management for people with long term conditions;
- Management of minor ailments;
- Testing, screening and monitoring for a range of conditions;
- Population and personal health services;
- Reducing access barriers for high need populations;
- Workforce development.

There may also be other opportunities that could be considered in collaboration with patient groups, local service providers and other members of the healthcare team

## How we will deliver: Sustainable Community Pharmacy Services

The Community Pharmacy Quality Framework will enable us to proactively plan, implement and evaluate initiatives that can be delivered by community pharmacies to ensure that they are aligned to our strategic objectives and meet the needs of our communities.

The following section outlines in more detail how we will achieve this vision.

### Person and Whānau Centred Care

We will provide person and whānau centred care to ensure that all users have their medicines and pharmacy related needs met including:

- Access to the right services in the right place at the right time
- An environment that is inviting with good access regardless of level of mobility, or cognitive or other abilities
- Access to pharmacy services close to home.

By:

- Offering flexible opening hours and/or other opportunities for improving access
  - Offering home visits to those that need it
  - Working with local GPs and/or other healthcare providers
  - Ensuring culturally safe and competent care and support
  - Facilitating support services when required
- 
- Maintaining patient medication profiles and documentation of pharmacist interventions
  - Providing a suitable environment
  - Providing an appropriately placed and adequately fitted out private consulting area available for interviews & counselling
  - Ensuring wheelchair access is available to the pharmacy and consulting room(s)
  - Ensuring that services meet the needs of the local community
  - Working to ensure that users don't have to travel too far to access pharmacy services.

***To achieve health equity, health care organizations have a responsibility to mitigate the effect of implicit bias in all interactions and at all points of contact with patients.  
(Wyatt et al 2016)***

***Partner with vulnerable and at-risk communities to have a direct voice in the policy decision processes, including at town halls, community gatherings, and on community advisory panels.  
(Pisciotta 2018)***



***Those patients who received a community pharmacist follow-up consultation had statistically significant lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation.  
(Nazar et al 2016)***

***Between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended***

***Up to 60% of adverse drug events are thought to be preventable***

## Service Delivery

We will focus on providing pharmacy services that enable users to:

- Have a pharmacy home where they have/can develop a good relationship and where all of their medicines/pharmacy-related needs can be met.

By:

- Focusing on eliminating inequities and improving outcomes for vulnerable or high needs groups
- Offering a range of pharmaceutical services
- Offering a full range of medicines provision and medication management services
- Offering assessment and screening services e.g. blood glucose testing, pregnancy testing
- Offering diagnostic tests e.g. blood pressure monitoring, peak flow monitoring
- Ensuring that adverse events get recorded and investigated
- Procuring and/ or stocking medicines as required or facilitating users obtaining the service from another provider
- Supporting health promotion plans/ activities
- Having standard operating procedures in place.

## Capacity and Capability

We will ensure that community pharmacy services are delivered by an expert workforce with appropriate skills so that:

- Pharmacies can provide expertise and leadership in medicines/pharmacy-related services
- Users get current, evidence based, culturally safe and competent advice on pharmacy and medicines related services.

By:

- Ensuring that pharmacies have a good understanding of the health needs of their community. Encouraging participation in new service initiatives where identified for the local population
- Having an appropriate staffing mix to enable direct pharmacist interaction with users
- Ensuring business continuity plans are in place
- Supporting IT initiatives and implementation of e-pharmacy as it develops Cont.

***Health professionals are in a unique position to lead efforts to eliminate health disparities and foster health equity by working with communities, patients, providers, payers, legislators, and policymakers (Tinsley 2018)***

- Completing customer surveys, and including the wider community and those that don't often engage
- All pharmacy staff being trained in the HDC Code of Rights which is prominently displayed along with brochures
- Having pharmacist(s) with qualifications/ competency and sufficient experience to establish good patient relationships and to positively influence patient behaviours
- Having information about services offered readily available
- Having a nominated pharmacist with suitable experience, and professional knowledge responsible for the day-to-day delivery of professional services within the pharmacy
- Having quality improvement systems/plans in place which includes audit/evaluation of services
- Having a culturally competent workforce
- Encouraging Maori to consider pharmacy as a career of choice
- Supporting staff to remain current in pharmacy best practice and appropriately accredited to deliver specialist pharmacy care.

***More than 50% of medication errors occur at transitions of care***

***Linkages with other health professionals so only telling one story once (Co-design workshop 2017)***

## Collaboration

We will work towards having an integrated approach to providing health care so that users:

- Receive a high quality professional service as part of a multidisciplinary programme of care.

By:

- Encouraging collaboration between local GPs and other providers, including Māori providers to improve health outcomes
- Encouraging collaboration with Māori communities to improve health outcomes for Māori
- Providing community education
- Engaging with the community to support particular health and wellness campaigns
- Using technology, including on-line services to support service delivery where/when available.

***The Nelson Marlborough DHB will utilize existing forums and advisory groups to support implementation of the Nelson Marlborough DHB Community Pharmacy Strategic Plan.***

## **How we will get there**

Nelson Marlborough DHB has established working groups and decision making forums in which community pharmacy is represented including the Top of the South Health Alliance (ToSHA) and the Models of Care Clinical Working Group (MOCCWG).

ToSHA is an alliance including the Nelson Marlborough DHB, Te Piki Oranga and both the Nelson and Marlborough PHO's. It also has a community pharmacy owner member on the group. ToSHA is a decision making forum for healthcare across the district.

MOCCWG is a multi-disciplinary group looking at the best way to provide healthcare to our populations in today's environment.

Together these and other advisory forums will ensure that the most is made of the expertise and skills that community pharmacists offer.

## Appendix A References

Intelligence and Reporting Team, NMDHB

Strategy, Primary and Community Team, NMDHB

Community Pharmacy Strategy documentation from Lake, Midlands and Northland DHB's

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## Appendix B Community Pharmacy Quality Standards

### 1. Person and Whānau Centred Care

As a user I want..	Key Performance Indicators	Rationale
Access to the right services in the right place at the right time	Offers extended opening hours and/or other opportunities for improving access	To provide patients with opportunities to obtain medicines, services and seek advice outside of standard business operating hours
	Offers home visits to those that need it	To provide home-bound patients with advice, education and other pharmacy services with a focus on identifying and attending to those who need it
	Willing to consider integration/collaboration with local GPs and/or other healthcare providers	To provide a multidisciplinary service
	Delivers culturally safe and competent pharmacy/pharmacist services to patients/ communities	Responsive to the physical, cultural and spiritual needs of patients/ communities in relation to their health care
	Facilitates support services when required	People have access to advocates, interpreters, and other support when required
	Maintains patient medication profiles and documentation of pharmacist interventions	To ensure continuity of care
An environment that is inviting with good access regardless of my level of mobility, or cognitive or other abilities	The footprint is adequate to support future growth and required services e.g. collection of pharmaceutical waste, compliance packaging	To support an increased scope of pharmacy services
	An appropriately placed and adequately fitted out private consulting area is available for interviews & counselling	To provide a suitable consulting environment
	Wheelchair access is available to the pharmacy and consulting room(s)	To enable equity of access for all patients
Access to pharmacy services regardless of where I live	Locality-based Pharmaceutical Needs Assessment	To enable targeted services to meet community need
	Number of pharmacies in locality appropriate to population	To enable access regardless of location
	Location of pharmacy, distance to and between pharmacies	Pharmacy services are close to home

## 2. Service Delivery

As a user I want..	Key Performance Indicators	Rationale
To have a pharmacy home where I have a good relationship and where all of my medicines/pharmacy-related needs can be met	Delivers services that focus on reducing inequities and improving outcomes for vulnerable or high needs groups	To build long-term relationships with the community and an understanding of health need
	A range of pharmaceutical services are offered	To ensure patients have choices and can access the pharmacy services they need
	Offers full range of medicines provision and medication management services	To enable patient centric care
	Offers assessment and screening services e.g. blood glucose testing, pregnancy testing	To support self-management and/or recommend referral to another health care provider when needed
	Offers diagnostic tests e.g. blood pressure monitoring, peak flow monitoring	To encourage early diagnosis and appropriate early intervention
	Has a process in place for recording and investigating adverse events	To ensure that future service delivery is informed by learning from adverse events/near misses
	Procures and/ or stocks medicines as required or facilitates users obtaining the service from another provider	To facilitate access to a full range of medicines
	Supports health promotion plans/ activities	To support prevention and early intervention
	Has standard operating procedures in place	To ensure consistent, quality services are provided

### 3. Capacity and Capability

As a user I want	Key Performance Indicators	Rationale
A pharmacy that provides expertise and leadership in medicines/pharmacy-related services	All pharmacy staff have a good understanding of the health needs of their community	To contribute to the achievement of local goals, health targets and service priorities
	Preparedness to participate in new service initiatives where identified for population	To respond to the health needs of the community
	Staffing mix is adequate based on anticipated volumes to enable direct pharmacist interaction with clients	Pharmacists have time to spend with people when they need it
	The pharmacy has a business continuity plan in place	To ensure maintenance/provision of essential pharmacy services
	The pharmacy has the IT capability and willingness to implement e-pharmacy as it develops	To promote shared/integrated care and connected services
	Customer surveys are completed annually, including the wider community and those that don't often engage	To seek community and provider feedback that contributes to on-going improvement of pharmacy services
	All pharmacy staff have training in the HDC Code of Rights which is prominently displayed along with brochures	To ensure the community has a mechanism for raising concerns and having these appropriately managed
To know that I am getting current, evidence based expert advice on pharmacy and medicines related services	Pharmacist(s) have qualifications/ competency and sufficient experience to establish good patient relationships and to positively influence patient behaviours	To provide care based on current best practice
	Information about services offered is readily available	The community has easy access to information about medication, eligibility, costs, and services offered
	A nominated pharmacist with suitable experience, and professional knowledge is responsible for the day-to-day delivery of professional services within the pharmacy	To ensure high standards of care are maintained
	Pharmacies have a quality improvement system/plan in place which includes audit/evaluation of services	Pharmacy has a commitment to continuous improvement
	Pharmacy is marketed as a career of choice for Māori Staff are supported to remain current in pharmacy best practice and are appropriately accredited to deliver specialist pharmacy care	The workforce is culturally diverse and culturally competent The community has confidence that they are getting the care they need



## 4. Collaboration

As a user I want..	Key Performance Indicators	Rationale
To receive a high quality professional service as part of a multidisciplinary programme of care	Works collaboratively with local GPs & other providers, including Māori providers to improve health outcomes	Patients receive holistic care in a shared care/integrated health care system
	Provides community education	To develop relationships with the community focusing on high risk /high needs/vulnerable groups
	Engages with the community to support particular health and wellness campaigns	Targeted education and support is provided to those that need it
	Engages with Māori and vulnerable population communities	To improve health outcomes for Māori and other vulnerable populations
	Technology, including on-line services are used to support service delivery where/when available	To facilitate shared/integrated care and remove barriers to access to appropriate care