

Meeting Minutes

**PHARMACY SERVICE DEVELOPMENT REFERENCE GROUP
MEETING HELD ON WEDNESDAY 14 SEPTEMBER 2005 AT 11AM**

AGENDA:

- 1. Welcome**
- 2. Introductions**
- 3. Apologies**
- 4. Terms of Reference**
- 5. Background Paper**
- 6. Current services provided**
- 7. Ideas for meeting objectives of the project**
- 8. Next Meeting**

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Issue	Discussion	Action
1. Welcome	Sue Scott welcomed members of the group and noted that it would be called the “Pharmacy Service Development Advisory Group” to differentiate it from the previous C&C DHB Pharmacy Reference Group.	
2. Introductions	Those present introduced themselves and stated who they represented Ann Privett - Miramar Pharmacy (Pharmacybrands), Mike Seymour & Matt Tyson – Radius Pharmacies, David Mitchell – Pharmacy Guild, Dianne Harries – PSNZ Inc/College of Pharmacists, Julie Yee – Hospital Pharmacy, Geoff Savell – Independent Community Pharmacy Operators, Tim Maling – Clinical Pharmacologist/DHBNZ, Marilyn Tucker – Capital/Kaori/Kapiti PHOs, Lee Pearce – Pacific Peoples, Carolyn Rhodes – Nursing, Frances Acey – Consumer, Lorraine Offord – Consumer, Michael Rains – C&C DHB, Win Bennett – C&C DHB, Sandra Williams – C&C DHB, Sue Scott – C&C DHB, Amanda Stanfield – Titahi Bay Pharmacy, Paul Frederickson – Strathmore Pharmacy, Jan Clare – Pharmacy Council	
3. Apologies	Kas Govind – Porirua Plus PHO, John Dunlop – Clinical Pharmacists Advisory Group/SECPHO and, Justine Thorpe-SECPHO, Pam Bremford – Kilbirnie Pharmacy, Jane Caldwell – Pharmacybrands	
4. Terms of Reference	Clarification was provided on the following items in the Terms of Reference: Exclusions: “Residents” was clarified as C&C DHB residents, that is, C&C DHB residents’ inpatient pharmacy services are excluded. It was noted that this did not exclude services provided at the interface between the hospital and community, including discharge issues	“C&C DHB” to be inserted before “residents”

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	<p>“National contracts” refers to contracts such as airflow, NZ Diabetes contracts</p> <p>Membership: The group is open to all pharmacists and other interested parties. Specific groups were asked to nominate representatives so that it could be ensured that all stakeholders would be represented.</p> <p>It was asked if an email could be sent to all C&C DHB pharmacists to advise of this group and invite them to participate in meetings or pass on comments to reference group members so that they could act as advocates on their behalf. i</p>	<p>Sue to email all C&C DHB pharmacists with the minutes, Terms of Reference and a covering note</p>
<p>5. Background Paper (Project Scope)</p>	<p>The Project Scope document was reviewed.</p> <p>Win Bennett, Director of Funding and Planning, joined the meeting and stated that this was an important project for the DHB and an exciting opportunity. This focus would be on the health benefits to be gained by the community. The process will not be rushed to fit in with the existing contract process.</p> <p>Group members stated that it would be useful to have more data on the C&C DHB populations. Data suggested to be useful was:</p> <ul style="list-style-type: none"> • Health Needs Assessment data relevant to pharmacy • Medicines-related admissions to hospitals • Drug use by PHO • Drug use by therapeutic group • Adverse events <p>It was noted that the prescription data misses those prescriptions that have a value less than the patient copayment, however with changed prescription subsidies, this is much lower than the 30 % that it used to be.</p> <p>David Mitchell suggested that contracting with other than pharmacies could result in as many contracts as there are pharmacists.</p>	<p>Sue to compile a briefing document to be circulated before the next meeting</p>

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	<p>Win stressed that all options were being kept open. Contracting with pharmacies was not being ruled out but nor were other options. The issue is to determine what services patients need</p> <p>Mick Seymour suggested that individual pharmacies may not have the resources to provide the services that are desired by the DHB.</p> <p>There was discussion around the issue of workforce and how the loss of one staff member can prevent the provision of services.</p> <p>Risk identification Under risk identification it was suggested that consumer risk and ensuring that the consumer is prescribed the correct medications should be included</p> <p>Membership of Reference Group: It was requested that the Pharmacy Council be added to the Reference group. It was also requested that a representative from the Care Coordination Centre be added to the group</p> <p>Mike Seymour stated that community pharmacists see more sick people than any other health professional and it needs to be examined what community pharmacy can do for the people who come through their door eg what could pharmacists have done to assist the MenzB Campaign</p>	<p>Sue to ensure that this is covered under clinical risk</p> <p>Sue to action</p>
<p>6. Current Services provided</p>	<p>Current non-dispensing services funded by C&C DHB and the learnings from them were discussed.</p> <p>Wellington South Pharmacy Medication Management Service: Funding provided to pharmacies. Initiative only taken up by 2 pharmacies out of 6 in the project</p> <ul style="list-style-type: none"> • Importance of relationship with community pharmacist 	

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	<ul style="list-style-type: none"> • Importance of follow up • Change management – pharmacists need to recognise that they need to change to take up these initiatives; some take longer and/or need coaching • Collaboration between pharmacies needed so that service does not stop when a pharmacy loses a staff member • Referrals are pharmacist initiated currently • GP referral process is now being set up <p>Porirua Health Plus PHO Medication Management Service: Funding provided through PHO for community pharmacy-based services</p> <ul style="list-style-type: none"> • Referral rate from GPs very variable • Many of the potential patients identified (depending on the location of the pharmacy) did not belong to Porirua Plus PHO therefore could not be provided with service • Initial set up of IT system took time but will be useful in future <p>Kapiti PHO Medication Management Pilot: Funding provided to PHO-based pharmacist facilitators</p> <ul style="list-style-type: none"> • Kapiti has high elderly population (23%) • GPs very busy so that they are amenable to a MDT approach • Comprehensive review provided • GPs paid for participation • Complex patients tended to be referred which meant reviews took a lot of time • IT issues and heavy reporting requirements added to timeframes for review • MedTech add-on did not work well • Collaborative relationships with 	

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	<p>GPs developed</p> <ul style="list-style-type: none"> • GPs want a menu of services, • PHO or practice-based pharmacist services required rather than just detailed medication review <p>SECPHO Medication Management Service No representative from SECPHO was in attendance so this initiative will be discussed at the next meeting.</p>	
<p>7 Ideas for meeting Objectives of the Project</p>	<p>There was little time for discussion of this agenda item. Points raised included:</p> <ul style="list-style-type: none"> • The need for screening tools and screening points to identify people requiring medication review • Need to develop relationships with District Health Nurses • Need to identify opportunities arising out of Care Coordination Centre • Pacific Peoples issues which include financial barriers, pronunciation of drug names, not understanding the need to take medication, taking medications inappropriately, sharing medications. The need for simple explanations and pictorial descriptions such as videos was stressed. 	
<p>8 Next Meeting</p>	<p>The next meeting is scheduled for Wednesday 9th November 11am-1pm at Te Taha Wairua room, C&C DHB Service Planning & Funding, Lotteries Building, Cambridge Tce, Wellington.</p>	