

Meeting Minutes


PHARMACY SERVICE DEVELOPMENT REFERENCE GROUP MEETING

Date and time of Meeting:	3/05/06 11.00am – 1.00pm
Purpose of Meeting:	Pharmacy Service Development Reference Group
Place of meeting:	Te Taha Wairua Level 1 Lotteries Building Cambridge Terrace Wellington
Invited Attendees:	Ann Privett, Mike Seymour, David Mitchell, Dianne Harries, Geoff Savell, Tim Maling, John Dunlop, Lee Pearce, Carolyn Rhodes, Frances Acey, Lorraine Offord, Michael Rains, Sandra Williams, Sue Scott, Pam Bremford, Kas Govind, David Bratt.
Apologies:	Fran Cook, Marilyn Tucker, Jan Clare, Matt Tyson, Amanda Stansfield, Susan Rawlins, Jane Caldwell, Win Bennet, Julie Yee, Justine Thorpe.

Agenda

1. Welcome.
2. Apologies
3. Minutes of last meeting
4. Matters arising
5. Discussion paper: Future Community-based Pharmacy Services in C&C DHB (attached)
6. Proposed Stage 1 Services
 - Implementation and funding of proposed services
 - Outcome measures
7. General Business
8. Next meeting

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Agenda Item	Discussion	ACTION
2. Apologies	Susan Rawlins, Jane Caldwell, Win Bennett, Julie Yee, Justine Thorpe, Fran Cook, Marilyn Tucker, Jan Clare, Matt Tyson, Amanda Stansfield, Michael Rains	
3. Minutes of last meeting		
4. Matters Arising	<ul style="list-style-type: none"> → It was questioned whether issues raised from the last meeting have been followed up in any way within the DHB? → Some of the issues raised are allocated as Stage II activities (for which there is currently no funding) eg HHS admission and discharge; others are a part of larger national issues, rather than C&C DHB particularly eg. patient registration with pharmacies and pharmacy licensing. Other issues will be addressed as part of the service specifications for the proposed non-dispensing services. → It was requested that the issues discussed within the meeting be brought up within DHB and feedback be given to the group as to what the DHB is implementing and is not implementing → It was questioned whether HHS Discharge Summaries could be received by community pharmacies? The response was “yes, but not universally so”. Hawkes Bay faxes discharge medications from the hospital to community pharmacists. 	To be clarified
5. Discussion paper: Future Community-based Pharmacy Services in C&C DHB. -Implementation and funding of proposed services  Discussion document.doc	<ul style="list-style-type: none"> → C&C DHB is currently looking at funding the ‘Stage I’ services outlined in the paper, ie Compliance/Prescription Review Services and PHO-based Pharmacist Facilitators. The DHB-based Primary Care/Community Pharmacist Advisor role is not now envisaged as a permanent position, however, the function may be provided by a different process. → Stage II services will be taken up only when funding allows, though some of these activities will be provided to a limited degree by PHO pharmacists. → Service specifications have not yet been written, but pilot projects have established basic ‘learnings’ to be expanded upon. → At the moment the focus is on broadening the pilot projects that have been carried out in the past, rather than beginning new projects. <p>Issues raised:</p> <ul style="list-style-type: none"> → David Mitchell pointed out that the Pharmacy Service Agreement may be agreed and implemented prior to 2007. → Some pharmacists have indicated that their attitude to anything agreed to before implementation of the Pharmacy Service Agreement may change depending on 	

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	<p>the agreement.</p> <ul style="list-style-type: none"> – It was commented that there are a number of initiatives taking place within DHB occurring separately rather than collectively, indicating that perhaps there is no ‘broad’ picture – The DHBNZ Framework for Pharmacy Services is currently being worked on (since February 2006). The consultation document may be downloaded from DHBNZ website for viewing <p>Compliance Prescription Review Services –</p> <ul style="list-style-type: none"> – These are an expansion of the pilot that has been running in South Wellington for last three years. – There will be an expression of interest process, mailed to each pharmacy, to determine the level of interest. – C&C DHB requirements of providers will be clearly outlined for EOI process. – Under the current funding there is capacity to do one or two reviews a week per pharmacy, without a dispensation. This restriction is a control mechanism to prevent a few pharmacies from receiving the majority of the funding. – About \$100,000 been allocated to Compliance/Prescription Review Services. Unit-dose packaging (compliance packaging) is to be funded separately. <p>Issues raised:</p> <ul style="list-style-type: none"> – Why is C&C DHB spending all this money while only ‘scratching the surface’. According to the research of Sackett et al, to improve compliance effectively at least 30% of patients treated on a daily basis would need to be reviewed. – At the moment each pharmacy is limited to a maximum of 100 patients per year. At the rate of \$120 per patient, this will mean that a maximum of \$12,000 dollars is allocated per pharmacy. For someone running a pharmacy the investment in time and money to upstaff, organise etc in order to participate – would not be ‘worth it’. – Research shows that only a low percentage of pharmacies become involved in compliance reviews. It was suggested that this is due to lack of funding. – Total cost of unit dose packaging may be higher than the \$3.50 per foil allocated. However, this is what pharmacies are currently charging patients doing unit dose packaging – It was questioned how thinly the funding could be spread and still be cost-effective. – Could the funding available be used to begin provision 	<p>Sue to discuss with David Bratt</p>
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	<p>of compliance management across the district with the recognition that review of uptake, outcomes and funding would be undertaken by the DHB?</p> <ul style="list-style-type: none"> – Miramar Pharmacy’s compliance monitoring can show individual case histories where doctor/hospital visit have been reduced. It was suggested that this demonstrated responsible use of funds – Suggested that project is necessary – the issue is whether appropriate resourcing is available. – If the DHB is going to do this, for maximum benefit, it needs to be ‘taken seriously’ – it needs adequate funding which should be much more than currently outlined. – Lots of pressures are placed on the DHB budget. New investment opportunities are limited to projects which can be shown to pay for themselves – Discussions should also be held to clarify the role of communities and GPs within the non-dispensing services. – Needs to be considered whether there is only enough funding for one big project, rather than investing in several smaller ones? PHO pharmacist facilitators were suggested as more likely to produce the greatest impact. – Perhaps instead of a district-wide service, limited extension of the South Wellington compliance pilot should be the aim. – It may work better to have someone provide the service for a number of pharmacies rather than performing the service ‘in house’. This could mean contracting for a specific number of patients. – Could the compliance review be funded for six months over a limited number of pharmacies and, if the benefits are apparent, then discussions held for expanding the project? <p>Conclusions:</p> <ul style="list-style-type: none"> – Need to revisit funding – Current funding per service not ‘worth it’ for pharmacies – Possibility of a research project being funded? Worth talking to Jackie Cummings of the Health Research Council – Would like the DHB to build on what has been happening, rather than ceasing project completely <p>PHO Pharmacists –</p> <ul style="list-style-type: none"> – The current proposal is to distribute funding for PHO pharmacists across the six PHO’s, according to a formula – Only SECPHO and Kapiti PHOs currently receive direct funding from the DHB for pharmacist facilitators – The FTE calculated is based on a pharmacist facilitator salary of \$80,000pa which is on the low side 	<p>Sue to follow up</p>
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	<ul style="list-style-type: none"> – Service specifications and follow up reporting will control how budget is spent by the PHO – This initiative will not fund pharmacist involvement in PHO Performance Management or Care Plus <p>Issues raised:</p> <ul style="list-style-type: none"> – David Bratt stated that the formula used was PHO-focussed, rather than patient focussed. He asked if this plan ignoring that every patient requires the same support/attention? – Should a team of pharmacists work across the PHOs with the other disciplines? – If a district-wide approach is to be adopted the success will depend on rapport that pharmacists can develop with doctors and other health professionals. This could be difficult if the pharmacist was not based in medical practices within a PHO. – One of the aims of the initiative is to build relationships between the PHOs and community pharmacy – again difficult if pharmacists is not based in a particular PHO, as it is necessary for someone to interface quite closely with GPs in order to make the service workable. – Interaction between the community pharmacist, PHO and PHO pharmacist needs to be pushed. A continuum between these three is very necessary. – There is a fundamental need for a pharmacist at this level, wherever there is need for prescribed drugs. – Many pharmacists would need some peer support and networking to assist in their role. – It is important at this stage to start with the resources available. – It's not just C&C DHB but other DHB's within NZ that are confronting these issues. – How is this going to contribute to reducing disparities in relation to Pacific Peoples? – needs to 'stay on the radar' <p>Conclusion:</p> <ul style="list-style-type: none"> – More money would be required to have a successful project. – The DHB formula for distribution of funding needs to be justified or redefined. – Need the right pharmacists (keeping in mind that each one will have different skills base) 	
- Outcome measures	Not discussed	
6. General Business	Ann Privet has gathered feedback on pharmacists' preferences for the general Pharmacy Reference Group and provided this information to the DHB, but there has been no response received.	Sandra to follow up
7. Next Meeting	TBA	

Meeting adjourned at 1.00pm

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