Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA

# Meeting Minutes

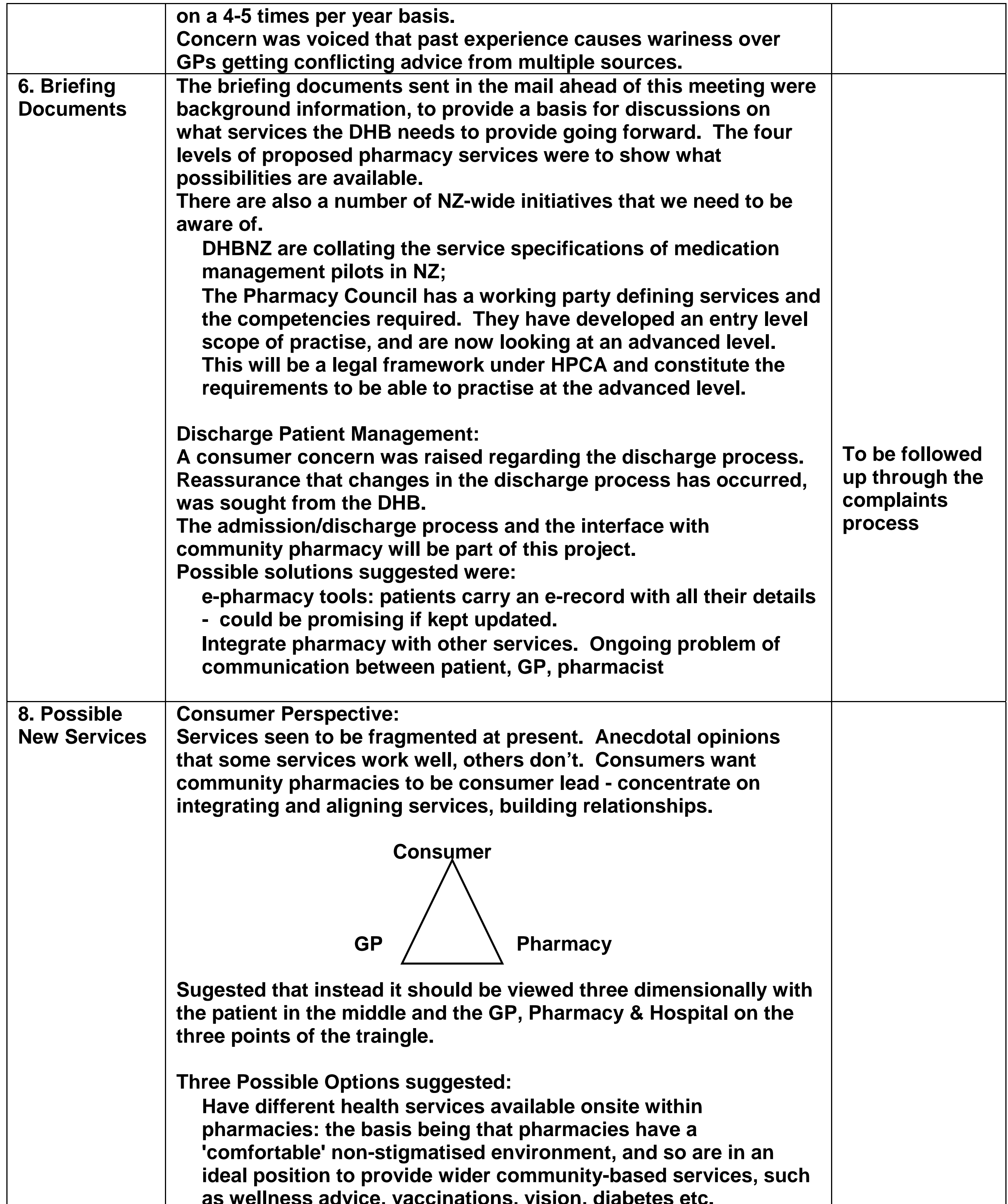
## PHARMACY SERVICE DEVELOPMENT REFERENCE GROUP MEETING

| | |
|---|---|
| Date and time of Meeting: | 9/11/05<br>11.00am – 1.00pm |
| Purpose of Meeting: | Pharmacy Service Development Reference Group |
| Place of meeting: | Te Taha Wairua<br>Level 1<br>Lotteries Building<br>Cambridge Terrace<br>Wellington |
| Invited Attendees: | Jane Caldwell, Ann Privett, Mike Seymour, Matt Tyson, David Mitchell, Dianne Harries, Julie Yee, Geoff Savell, Tim Maling, John Dunlop, Justine Thorpe, Marilyn Tucker, Lee Pearce, Carolyn Rhodes, Frances Acey, Lorraine Offord, Michael Rains, Win Bennett, Sandra Williams, Sue Scott, Pam Bremford, Jan Clare, Kas Govind, Susan Rawlins, David Bratt, Fran Cook, |

Agenda

1. Welcome.
2. Introduction of new members.
3. Apologies
4. Minutes of previous meeting & Matters Arising
5. Claiming for meeting attendance
6. Briefing documents.
7. Completion of feedback on current services provided (SECPHO)
8. Discussion on future community and primary care services in C&C DHB
9. Forum for other pharmacy-related matters
10. Next meeting

| Agenda Item | Discussion | ACTION |
|---|---|---|
| 2 Introduction of New Members | Members attending their first meeting and new members were:<br>Marilyn Tucker (Pharmacist facilitator WIPA and KMS),<br>Susan Rawlins (Team Leader Mental Health C&C DHB), Jane Caldwell (Pharmacybrands head office) and Fran Cook (Care Coordination Centre)<br>Fran described the newly established Care Coordination Centre that manages assessments and referrals to community services. | |
| 3. Apologies | David Bratt, Julie Yee, Caroline Rhodes | |
| 4. Minutes and Matters Arising | Minutes from 14 September 2005<br>Changes to be made:<br>Tim Maling to have DHBNZ removed after his name in Trms of Reference as he is not present as a DHBNZ representative.<br>All action points have been completed. The minutes were circulated to all pharmacies in Capital and Coast area. | Update ToR (Sue) |
| 5. Claiming for Meeting Attendance | Travel expenses and an honorarium for attendance can be claimed by some people attending these meetings<br>The reimbursement policy states that external parties employed by an organisation that would expect the party to attend the meeting as part of their normal duties, and who is paid by the organisation that they are representing, are not eligible.<br>The honorarium is $25/hour. | |
| 7. Feedback on SECPHO Current Services Provided | John Dunlop gave an overview of the SECPHO Medication Management Service.<br>CCDHB Funded, 0.5FTE staff<br>Involves four segments:<br>Work with PHO, Clinical Governance<br>Work with doctors on drug information and bulletins<br>Clinic with Pacific Health Centre – Comprehensive Pharmaceutical Care with feedback to GP. Collaborative environment.<br>Working with pharmacies to bring into PHO environment eg eczema project: Pharmacies looking to provide product at wholesale with fee. There is also a draft proposal for a similar smoking cessation project. John is also proposing a pilot study for pharmacists providing vaccinations to improve access.<br>Concern raised over possible overlap with BPAC information as don't want duplication.<br>BPAC was defined as the Best Practise Advocacy Centre, contracted by Pharmac. It analyses pharmacy warehouse prescription data, then sends information out to GPs 4-5 times year by themes. POEMS are also published – Patient Orientated Evidence Based Medicine. The purpose of BPAC is to improve practice and advocate best use of medicine as defined by international research literature.<br>It was explained that the drug information provided by the pharmacist in this pilot differs in that it deals with local, perhaps patient specific issues, and is provided when required rather than | |

| | | |
|---|---|---|
| | on a 4-5 times per year basis.<br>Concern was voiced that past experience causes wariness over GPs getting conflicting advice from multiple sources. | |
| 6. Briefing Documents | The briefing documents sent in the mail ahead of this meeting were background information, to provide a basis for discussions on what services the DHB needs to provide going forward. The four levels of proposed pharmacy services were to show what possibilities are available.<br>There are also a number of NZ-wide initiatives that we need to be aware of.<br>DHBNZ are collating the service specifications of medication management pilots in NZ;<br>The Pharmacy Council has a working party defining services and the competencies required. They have developed an entry level scope of practise, and are now looking at an advanced level. This will be a legal framework under HPCA and constitute the requirements to be able to practise at the advanced level.<br><br>Discharge Patient Management:<br>A consumer concern was raised regarding the discharge process. Reassurance that changes in the discharge process has occurred, was sought from the DHB.<br>The admission/discharge process and the interface with community pharmacy will be part of this project.<br>Possible solutions suggested were:<br>e-pharmacy tools: patients carry an e-record with all their details - could be promising if kept updated.<br>Integrate pharmacy with other services. Ongoing problem of communication between patient, GP, pharmacist | To be followed up through the complaints process |
| 8. Possible New Services | Consumer Perspective:<br>Services seen to be fragmented at present. Anecdotal opinions that some services work well, others don't. Consumers want community pharmacies to be consumer lead - concentrate on integrating and aligning services, building relationships.<br><br><br><br><br>Sugested that instead it should be viewed three dimensionally with the patient in the middle and the GP, Pharmacy & Hospital on the three points of the traingle.<br><br>Three Possible Options suggested:<br>Have different health services available onsite within pharmacies: the basis being that pharmacies have a 'comfortable' non-stigmatised environment, and so are in an ideal position to provide wider community-based services, such as wellness advice, vaccinations, vision, diabetes etc. | |

| | | |
|---|---|---|
| | There will always be some access problems so the need exists to take services to the people.<br>Communities of practice: could build national standardised 'virtual' system so patients can access their own records electronically. Advantageous to consumers as people often cannot take in all information when prescribed. Advantageous to health professionals through learning and constructing knowledge around their practice. Moodle (www.moodle.org) is a course management system with a free, open source software package designed to help educators create effective online learning communities. It was suggested as a possible prototype.<br><br>Nursing perspective:<br>Pharmacists working on Care Plans is working well. New roles in community, a lot happening and growth seen. New models of care for after-hours, involving pharmacies, also.<br><br>View expressed that the community doesn't know what pharmacists do or might do. Even the wider health professions don't know. Also there is a danger in responding to a few incidents rather than knowing all consumers needs/wants.<br><br>Insights from Miramar Pharmacy's Medication-Management Pilot indicated that consumers are often unaware of the problems that they are facing. In a survey, consumers were asked if they felt they needed the service. Initially the answer would often be no. Later, asked if they had benefited, over 90% said yes.<br><br>It was queried whether perceived initial problems and benefits matched – reply that sometimes, but on investigation often find more problems, usually needing ongoing visits.<br>This programme was patient directed, so had acceptance. The 'compliance packaging' worked well.<br><br>Considered that no one service will meet all needs; we need interlocking projects. Drivers should be problems/ priorities identified from reports.<br><br>There was discussion over targeting particular C&C DHB areas or disease states. One view that we are unlikely to be able to do all things at once and it is better to tackle one issue at a time in the whole area. Another view was that in practice a disease management approach doesn't work as patients don't identify with just one problem. A possible solution could be having C&C DHB wide services plus a focus on one particular problem. The Miramar pilot covered a variety of conditions but found similar problems – issues remembering medications, what to take, when to take, etc. These are problems that can be looked at for people with all conditions.<br><br>Sue asked whether such projects are something all pharmacists should provide? Worry is that uptake was not great in the pilot | Sue to provide a brief |

| | | |
|---|---|---|
| | projects, so how to make it work?<br>The groups view was that we should step back from implementation now as we have still to determine what the needs are.<br><br>It was commented that it was hard to discuss the pilots that have taken place without further information.<br><br>Suggestions for the Next Step in Determing Future Services - Process Mapping<br>Suggestion to "process map". Process Mapping is a defined process that shows redundancies and opportunities. This would remove possibility that we are currently only talking about isolated consumers or missing the first step and would give a clear outline so that the service(s) could then be adjusted to fit. Need to explore points of contact and analyse priorities, to understand the patient journey and identify problems involved.<br><br>The consumer view was that some pharmacies show different attitudes towards creating a partnership with consumers - could be a cultural thing but there are also barriers such as resources, workload and isolation.<br><br>Primary Healthcare Strategy - as pharmacists can't work solo, need collaboration with other healthcare professionals. So if define service from mapping - then can move into collaborative environment<br><br>Concern that we need to be careful not to redo DHBNZ work, however, it is not thought that they are taking this approach.<br><br>Current difficulties with pharmacists accessing other health services for patients eg nursing, dietician should be eased by the Care Coodination Centre. It needs to be ensured that contact details are easy to find on the Internet.<br><br>Process Mapping will go back to first principles and will be lengthy, but save time later.<br><br>A decision was made to form a small working party to do mapping before next meeting in February.<br><br>The Process Mapping Working Party<br>After discussion, it was decided the working party to consist of<br>1) PHO Pharmacy rep, John Dunlop<br>2) Care-Coodination centre rep, Fran Cook<br>3) Community pharmacist rep, Ann Privet (or Pam Bremford in Ann's absence)<br>4) Consumer (general) rep, consumers on reference group will job share<br>5) Mental Health consumer rep, Susan Rawlins will help provide) | summary report of the four pilots before the next meeting<br><br>Sue/Fran<br><br>Sue to finalise membership and organise facilitator and date<br><br>Sue to provide reports |

| | | |
|---|---|---|
| | **6) Hospital Prescriber, Tim Maling<br>7) Hospital rep, eg nurse, Lee Pearce (also Pacific peoples rep))<br>8) GP<br>9) Hospital pharmacist, Julie Yee.<br><br>Group will report back at Feb meeting, but will circulate reports beforehand<br><br>It was also recommended that comsultation with Hutt DHB re their discharge scheme be undertaken** | **Sue to consult** |
| **9. Other Matters** | **Pharmacy matters not covered by New Pharmacy Development Group<br>The previous Pharmacy Reference Group used to deal with other DHB-pharmacy related issues which are outside the ToR of this group. It was suggested to the pharmacists that this forum be continued somehow – either in a separate group, as an email chat group, or as an add-on to these meetings.<br>Decision was that these metings were valuable but that they do not need to be held as frequentlyas previously- suggest around 4 a year, at 5.30pm for 2 hours to get more representation.** | **To be organised to get underway next year.** |
| **10. Next meeting** | **Next Meeting Thursday 2nd February 11am – 1pm, Te Taha Wairua** | |

**Meeting adjourned at 1pm**