

- **Pharmacy Project**
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 - **Project Definition Document**
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 - **Version: 1.0 draft**

Distribution:

Version	Issued	Recipients
1.0	17.10.05	Steering Group

Document History:

Version	Section	Comments
1.0	All	To Steering Group for clarification of issues

Stakeholder signoff:

Role	Name	Date signed off
Project Sponsor		

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1 Introduction

This project will review the services currently provided by pharmacists and develop a strategy and model for the future delivery of pharmacy services in the Capital and Coast District Health Board (C&C DHB) district.

The vision is to better integrate pharmacy services into the full range of health services and make full use of pharmacists' skills to improve the health outcomes of the C&C DHB population. Simply put, we want to ensure that the people receive the right drug in the right dose at the right time.

Pharmacy services are provided by pharmacists in different settings, including the HHS, community pharmacies, PHOs, residential care facilities and residents' homes, either as employee pharmacists or as pharmacists working independently under contract.

The review will determine how current services fit with the needs of the population of the district, the C&C DHB Strategic Plan 2005/6-2011/12 and the resources available. It will analyse different models of pharmacy service provision that have been trialled within C&C DHB and nationally. This will inform the development of a strategy and models of practice which it is envisioned will encourage pharmacies and pharmacists to differentiate themselves by providing services that best meet the population that they serve and also encourage further clinical pharmacist initiatives in PHOs.

The focus of the strategy will be to utilise pharmacists' professional skills to provide patient-centred services, where they are needed, to:

- improve the management of medication, especially for the elderly, to reduce the cost of drug related morbidity and mortality, particularly drug-related admissions to the HHS and residential care
- improve management of chronic disease
- reduce disparities for disadvantaged groups in line with the C&C DHB Draft Strategic Plan
- improve integration of care in line with the Primary Health Care Strategy
- ensure adequate access to dispensing services.

The strategy will include a monitoring and evaluation plan to assess the improvement in the health of the district, and the need for any modifications to the strategy.

Following approval of the initial high level strategy by CPHAC, the strategy will be further developed in association with a Pharmacy Reference Group comprising stakeholders in pharmacy services within the region for C&C DHB Board approval.

Board approval of the detailed strategy and public consultation document will be followed by a public consultation process and report back to the Board.

The strategy will inform:

future contracting and funding of pharmacists' services within the district
integration of pharmacists' services into the continuum of care
linkages of pharmacists' services with PHOs
provision of pharmacists' services in line with the Primary Health Care Strategy and the Health of Older People Strategy
management of people with chronic illness and linkages with Care Plus
integration of pharmacists' services with the Care Coordination Centre and "Packages of Care".

2 Background & Context

Currently there is a Pharmacy Services Agreement for base pharmacy services (dispensing) plus some provider specific services including methadone dispensing and nicotine replacement therapy. This offers limited scope for the development of services that better utilise pharmaceutical expenditure to improve patient outcomes, for example, compliance improvement, medication management and chronic case management services. It also does not support integration of patient medication management between the HHS, PHOs and community-based pharmacist's services and limits innovation by only contracting with registered pharmacy owners.

This project is concordant with the community focus of the Primary Health Care Strategy and its key directions of co-ordinating care across service areas and developing the primary health care workforce. The Health of Older People Strategy Action 6.2 states "The Ministry will facilitate work by DHBs and service providers to assess and develop active approaches to care management." One of the key steps is to "facilitate extension of the pharmaceutical review service for people with chronic disease, taking multiple medications, or at risk of adverse pharmaceutical events". An identified research need was the extent of polypharmacy and its relationship to morbidity.

The Pharmacy Sector Action Group ten-year Vision for Pharmacy supports new models of pharmacists' services. Vision statement 7 describes a range of services that pharmacists will provide in addition to dispensing services. These include a health promotion and assessment service, collaborative prescribing roles, medication management services including chronic case management services, health assessment and monitoring. Vision statement 8 describes pharmacists providing services from an "evolving range of business entities" including pharmacist facilitators, multidisciplinary teams in health centres, secondary care or individual clinical pharmacist services as well as community pharmacies. The document "recognises the need to involve funder organisations and other health practitioners in implementing its vision".

The Pharmacy Guild of New Zealand draft “Blueprint for the Future of Community Pharmacy” proposes a three level structure for pharmacy services which is also consistent with the focus of this project.

In the context of C&C DHB strategic planning, this project fits well with the two priority population health goals of the draft District Strategic plan 2005/6-2011/12, ie chronic disease management and reduction of disparities. These goals are linked as most of the disparity between disadvantaged groups and the rest of the population is related to chronic disease. Chronic disease accounts for 70% of health expenditure.

The project also fits with DAP 05/06-06/07 key priorities of achieving integrated care and the implementation priority of progressing the Primary Health Care Strategy.

Medicines offer a comparatively cheap and effective method of treatment of many health conditions, however, the incidence of drug related morbidity and mortality, that is the additional illness and death associated with medication use, is becoming recognised as a major health problem. In the US, studies have indicated that it is the third most costly health problem after cardiovascular disease and cancer. Studies have indicated that the cost of the adverse effects of drug therapy exceed the cost of the original medicines. The adverse effects of medicines are responsible for up to 28% of hospitalisations of the elderly. Adverse effects such as falls and confusion account for many admissions of the elderly to residential care. Studies estimate that approximately half of these adverse effects are preventable by pharmacist’s medication management initiatives.

Further, once it is assured that the right medicine is being provided to the right person at the right time, multi-faceted pharmacist initiatives can improve concordance with medication regimes. Non – concordance (or compliance to use the older term) averages at around 50% in studies. The study above found that 40 % of the hospitalisations in the elderly were related to non-concordance.

3 Business Benefits/Success Factors

The business benefits for this project are anticipated to be:

Please see the full business case for more information:

[G:\SPF\PHARMACEUTICALS\PH13 Pharmacy and the Community\Service Development Project 0506\02 Business case & Analysis](#)

4 Quality Plan

The quality approach and standards for this project are defined in the project quality plan. Please refer to the Planning & Funding G drive:

[G:\SPF\PHARMACEUTICALS\PH13 Pharmacy and the Community\Service Development Project 0506\01 Project Initiation Documents](#)

5 Project Scope

5.1 Objectives

To develop a strategy for the future supply of pharmacists services within C&C DHB.

To develop pharmacists' services which improve health outcomes, reduce disparities, reduce hospital and long term care admissions, enhance access and care in the community and ensure best use of resources.

5.2 Scope

The review will encompass community pharmacist services delivered to people who are resident within the C&C DHB.

For this project the definition of pharmacist services is:

Health promotion, dispensing, medicine management and health assessment/monitoring/screening services provided by pharmacists from an evolving range of business entities appropriate to each location and range of patients' needs. Such entities are expected to include community pharmacies, pharmacist facilitators, pharmacists within multi-discipline health centres, individual clinical pharmacists and hospital/secondary care pharmacists. (Adapted from Ten-Year vision for Pharmacists in New Zealand)

5.3 Exclusions

HHS pharmacy services for C&C DHB residents receiving inpatient treatment

Non C&C DHB providers of pharmacists' services

National contracts

5.4 Products

1) Completed review and approved strategy and model of pharmacists' services which includes:

Drivers for a new model of pharmacy services

- Government strategy
- C&C DHB strategy
- Consumer and provider views

Review of current pharmacy services

- New model and rationale covering
- How pharmacy can assist DHB to achieve outcomes
- Importance of new models to pharmacy
- Dispensing models –mail order, electronic links to improve efficiency
- Pharmacists advice with prescriptions
- Medication management models
- Pharmacist prescribing
- Prescribing by other health practitioners
- Linkages between HHS and the community
- Linkages between PHOs and other primary care services
- Demand driven strategies
- Specialist prescribing

Implementation options for model covering check with Steering Group

SWOT analysis for:

- service development plans for each provider for all/part of services
- Transfer of contracts for all/part of services
- ROI/RFP for all/part of services
- Preferred option (s)
- Outline of potential phases
- Potential implementation risks and their control

Business case covering: check with Sandra

- Current service utilisation
- Predicted trends & risks based on current service model
- Evidence base for new models
- Clinical & financial assumptions derived from evidence base used for C&C DHB
- Predicted benefits, clinical & financial and risks of preferred model for C&C DHB

QUALITY CRITERIA	REVIEWER
<p>Strategy and business case aligns with C&C DSP and supports:</p> <p>improving health outcomes reducing disparities reducing hospital and long term care admissions enhancing access and care in the community best use of resources</p>	<p>Approval by CPHAC</p> <p>Approval by C&C DHB Board</p>

2) Evaluation and monitoring options for model Win

Letter of engagement for Dr Paul Duigan
Approved evaluation and monitoring framework

QUALITY CRITERIA	REVIEWER
Letter of engagement clearly specifies outputs, development and approval process	Win Bennett

3) Completed Public Consultation

Approved Public Consultation Document
Completed Public Consultation covering
Consultation plan, public meetings, submission processes
Consultation responses summary document noting recommendations and changes to strategy as appropriate

QUALITY CRITERIA	REVIEWER
Public Consultation Document is clear and unambiguous for public release	Director strategic community relations & C&C DHB Board
Public consultation plan follows C&C DHB Community Consultation and engagement guidelines	Director strategic community relations & C&C DHB Board

4) Board Papers:

High level introductory paper for approval of project
Paper describing the strategy and a public consultation document for approval
Paper describing the outcome of public consultation to gain approval to proceed to service changes

QUALITY CRITERIA	REVIEWER
Complete as per C&C DHB template	Win Bennett

5) Service specifications, contracting and funding mechanisms for the Pharmacy Services Agreement, informed by the review, approved strategy and business case

This product to be fully scoped following July C&C DHB Board meeting.

QUALITY CRITERIA	REVIEWER
TBC	TBC

6 Approach

6.1 Management Approach

6.1.1 Sponsor

NAME	POSITION	ROLE
Win Bennett	Director Planning & Funding	<p>Sponsor</p> <p>Accountable to Board for project</p> <p>Responsible for issues/change requests not resolvable at steering group level</p> <p>Leadership/direction to project as required</p>

6.1.2 Project Steering Group

NAME	POSITION	ROLE
Win Bennett	Director Planning & Funding	<p>Sign off initiation document</p> <p>Sign off on Board papers</p> <p>Sign off on consultation documents</p> <p>Resolve project issues unresolvable at project group level</p> <p>Project advice as required</p>
Sandra Williams	Manager Planning & Funding Operations	
Julia Carr	Senior Portfolio Manager, Primary & Community Care	
Michael Rains	Senior Analyst	
Sue Scott	Project Manager, Pharmacy	

Project manager	ROLE
Sue Scott	<p>Prepare the overall and detailed project plans</p> <p>Manage project within tolerances</p> <p>Run project activities on a day to day basis</p> <p>Manage issues as they arise and escalate any that will impact on Objectives/Scope/Products/agreed work/tolerances</p> <p>Raise change requests for approval</p> <p>Prepare and communicate regular progress reports for Steering Group</p> <p>Track project progress against the baseline project plan.</p> <p>Organise and conduct regular project team meetings</p> <p>Coordinate communication plans for project</p>

6.1.3 Pharmacy Reference group

NAME	POSITION	ROLE
Jane Caldwell	Pharmacybrands Head Office	Provide advice, input and work towards developing the strategy/model(s)
Ann Privett	Pharmacybrands	
Mike Seymour	Radius Pharmacies	
Matt Tyson	Radius Pharmacies	
David Mitchell	Pharmacy Guild	
Dianne Harries	PSNZ Inc/College of Pharmacists	
Jan Clare	Pharmacy Council	
Julie Yee	Hospital Pharmacy	
Geoff Savell	Independent community Pharmacy operators	
Tim Maling	Clinical Pharmacologist and member of DHB Safe & Quality Use of Medicines Project	
John Dunlop	Clinical Advisory Pharmacists' Association & SECPHO	
Justine Thorpe	SECPHO	
Marilyn Tucker	Capital/Karori/Kapiti PHOs	
Kaz Govind	Porirua Plus PHO	
Lee Pearce	Pacific Peoples	
Carolyn Rhodes	Nursing	
Frances Acey	Consumer	
Lorraine	Consumer	

Offord		
Fran Cook	Care Coordination Centre	
Susan Rawlins	Mental Health Representative	
Michael Rains	Senior Analyst, C&C DHB	
Win Bennett	Director Planning & Funding	
Sandra Williams	Manager Planning & Funding Operations	
Sue Scott	C&C DHB – Project Manager Pharmacy	

6.2 Project Control

CONTROL METHOD	BY
Sign off project initiation document	Project steering group
Maximum tolerances to project agreed	Project steering group
Monitoring against project plan	Project Manager
Exception reports for steering group.	Project Manager

6.2.1 Approach for Dealing with Issues

Any issue relating to the project will be detailed on an issue log by the Project Manager. The issue will be assigned a priority and assigned to the person that raised the issue to resolve, or assigned to the person in the best position to resolve the issue. Any issues that will result in the project going beyond tolerances will be escalated and managed at steering group level.

6.2.2 Change Control

Any issues raised that require changes to agreed:

Objectives
Scope
Products
Agreed work

of the project will require approval at steering group level.

6.2.3 Project Meeting Schedule

Meeting	Timescale	Organised By
Steering Group	Monthly (3 rd Thurs)	Project Manager
Reference Group	As required	Project Manager

6.2.4 Project Reporting

Reporting Method	Timescale	By
Steering group meeting minutes	Monthly	Project Manager
Reporting to steering group against timescales and show stopper issues	Monthly	Project Manager
Reference Group	As required	Project Manager
Monitoring of project issues	Weekly	Project leads

6.2.5 Project Tolerances

The project will have an overall tolerance of **** months.

6.2.6 Documentation Management

In order to maintain accurate document control ensuring accurate communication

All current drafts of active documents within the planning and funding filing system. The electronic copy will be the controlled document.

7 Assumptions, Constraints and Dependencies

7.1 Assumptions

The start date for this project is September 2005.

7.2 Constraints

7.2.1 Time

The current Pharmacy Services Agreement, which expires at the end of June 2006, will be rolled over for an appropriate period (anticipated to be 3-6 months).

7.2.2 Cost

It is expected that new Pharmacy Services Agreement will be largely funded from the DHB funding pool for pharmacy services. This may need to be supplemented by new initiative funding.

It is expected that any funding increases will be covered by savings from improved use of medicines and reduced hospital and long term care admissions

8 Project Risk Assessment

8.1 Identified Risks for the Project

The following table outlines:

- a description of each risk identified**
- an assessment of the likelihood it will occur, the possible impact and residual risk**
- an outline of a proposed countermeasure (pre-emptive and/or contingency)**

Each risk is assigned to an owner, it is the owners responsibility to monitor this risk on a monthly basis at a minimum. Risk reporting will occur at steering group meetings.

Risk Description		Risk Assessment				Current Controls/ Treatment	Control Effectiveness	Additional controls required/Key actions still to complete	Residual Risk	Risk Acceptable Yes / No	Risk owner
Type of Risk	Description of Risk	Impact on DHB / Population / Patient	Potential Impact	Probability	Uncontrolled Risk						
Human resource risk	Inability of community pharmacists to provide services required due to time constraints, inadequate level of competency, dissatisfaction with funding levels.	Inadequate implementation of desired services	400	0.50	200	Ensure a variety of services are available for contract	70%		60	y/n	Steering Group
Human Resource risk	Suitably qualified pharmacists are unavailable to undertake PHO initiatives	Inadequate implementation of desired services	400	0.50	200	Collaborate with Pharmacy Council in their work in defining competence requirements for "advanced" practice	80%		40	y	Sue Scott
Contractual risk	Non-acceptance of service agreement by community pharmacy, perhaps impacted on by Pharmacy Guild pressure for a	Delayed or non- implementation resulting in delayed or non- provision of new services and improvement in	200	0.50	100	Wide consultation with pharmacists - high representation of pharmacists on Pharmacy Service	70%	Project to be open to innovative suggestions and have a local focus to encourage engagement	30	y	Reference Group/Steering Group

	form agreement unacceptable to the DHB	of patient outcomes				Development Reference Group. Concordance of initiatives with PSAG ten year vision and Guild strategies. Current contract to be rolled over in the interim to preserve status quo					
Project risk	Failure to identify issues in a timely manner.	Delayed or non-implementation resulting in delayed provision of new services and lack of improvement in patient outcomes. Will have opportunity costs in the use of hospital beds and residential care	200	0.50	100	Ensure high involvement by pharmacists on Pharmacy Service Development Reference group. Project management peer overview	70%		30	y	Sue Scott
Clinical Quality Risk	Inadequate clinical outcomes demonstrated.	Inadequate demonstrated improvement in health outcomes,	200	0.50	100	Ensure that evaluation and monitoring criteria are clearly	70%	Ensure disease states and populations most at risk	30	y	Paul Duigan/Steering Group

		reduction of disparities and reduction of admissions to hospital and long term care				identified for each initiative		are targeted			
Service delivery risk	Resistance from other primary care providers, particularly GPs to provide integrated medication management services	Inadequate implementation of desired services	200	0.50	100	Work with PHOs to identify areas in need of pharmacists input and obtain buy-in.	70%		30	y	Sue Scott
Service delivery risk	Reduction in community pharmacy viability and closures through reduction in remuneration for base dispensing	Reduced access to conveniently located pharmacies particularly for the chronically ill, low income and elderly	300	0.30	90	Community pharmacy medication management initiatives, currently being trialled, providing remuneration for services over and above dispensing	55%	Redistribution rather than reduction of current allocated funding	41	y/n	Steering Group
Service delivery risk	Resistance by public to uptake of services	Lack of uptake of new services	300	0.5	150	Public consultation, communication plan	70%	Integration of new services into the continuum of care. Funding of access to services	45	y/n	Sue Scott/Steering Group.
Environmental Risk/Financial risk	Government initiatives to improve GP	Failure of project. No improvement in	300	0.5	150	PHARMAC demand-side initiatives	25%	?	113	n	

	access and reduce cost barriers to pharmaceuticals result in blow out in PBF funding so that new initiatives are unaffordable	patient outcomes									
Public/political risk	Negative publicity if pharmacy rejects proposals arising from project	Adverse publicity	200	0.3	60	Public consultation. Communication plan.	80%		12	y	Sue Scott/Steering Group.

9 Linkages and Interfaces

DHBNZ Safe & Quality Use of Medicines Project
 DHBNZ Pharmacy Reference Group
 Ten Year Vision for Pharmacists in New Zealand
 Blueprint for the Future of Community Pharmacy

10 Communication Plan

Please refer to the Planning & Funding G drive for the communication plan for this project:

<G:\SPF\PHARMACEUTICALS\PH13 Pharmacy and the Community\Service Development Project 0506\01 Project Initiation Documents>

11 Resource Plan

ROLE	APPROX TIME PER WEEK	COST	SCHEDULED FOR
Project manager	3 days/week	Within operating P&F	Duration of project
Business analyst		Within operating P&F	
Pharmacy reference group	As required	Not costed	

12 Overall Project Plan

12.1 Project Phases

This project will have two phases. The first phase will complete work to establish the strategic model, consultation documents and recommendations to the C&C DHB Board for the March 2006 meeting.

The second phase will be scoped following the C&C DHB Board July 2006 meeting and will be based on the recommendations made to the C&C DHB Board following consultation on the funding and contracting mechanisms for pharmacy services and will develop service specifications for the agreed models of practice.

12.2 Key Milestones

Phase 1

TIMEFRAME	KEY OUTPUTS
February 06	Completed proposal for strategy & model for pharmacy services in C&C DHB
	Completed public consultation document/plan
May 06	Completed public consultation
July 06	Paper to C&C DHB Board noting consultation outcomes and recommendations for the funding and contracting mechanisms for pharmacy services and models of practice

Phase 2

To be scoped and defined post C&C DHB Board July meeting.

TIMEFRAME	KEY OUTPUTS
TBC	Funding and contracting mechanisms for pharmacy services and service specifications for the agreed models of practice