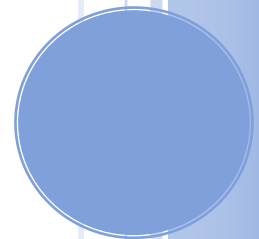




LAKES DHB COMMUNITY PHARMACY STRATEGIC PLAN 2019 TO 2025



LAKES DHB COMMUNITY PHARMACY STRATEGIC PLAN

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SUPPORTING TE MANAWA RAHI LAKES DISTRICT HEALTH BOARD STRATEGY 2019 - 2021



EXECUTIVE SUMMARY

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.

(Deryck Shaw, Lakes DHB Board Chair 2017)

1.3 million People in New Zealand visit community pharmacies each month, for Lakes that equates to about 33,000

This document has been developed to outline a strategy for Lakes 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.

Lakes 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 Lakes DHB communities to have confidence that Community Pharmacy Services are aligned to the strategic goals outlined in Te Manawa Rahi:

- Achieve Equity in Māori Health
- Build an Integrated System
- Strengthen people, whānau & community wellbeing

And in doing so ensure 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.

A Community Pharmacy Advisory Group will be established to lead the implementation of this strategy

The value of this strategy will be realised through its operationalisation by the Lakes DHB Community Pharmacy Advisory Group which will be established in 2019.

The Community Pharmacy Advisory Group will focus on:

- Ensuring alignment between it's activities and Te Manawa Rahi;
- 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;
- Developing a Lakes 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.

The work carried out by the Community Pharmacy Advisory Group 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.

1. INTRODUCTION

The key deliverables of a project launched in October 2018 were 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 Lakes 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.

Workshops were held with community pharmacists in Rotorua and Taupo to inform the development of the quality standards and to gain an understanding of some of the key issues and challenges faced by 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?

Lakes 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.

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

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)

Benefits of Community Pharmacy

This document proposes a community pharmacy strategy that will realise significant benefits for the Lakes 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 Lakes 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. Lakes DHB Population	Profiles the Lakes 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 pharmacy services.

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.

In addition the New Zealand Triple Aim underpins the approach and will support Lakes 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

and

- 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.

Lakes DHB population is characterised by low growth, high deprivation and a high proportion of Maori:

- 35% of the Lakes population is Maori;
- 52% of the enrolled population in primary care are defined as high need;
- 55% of the population live in quintile 4 and 5 areas;
- Over 50% of Maori live in quintile 5 areas;
- Average life expectancy in Lakes DHB is about 2.7 years less than the national average with Māori life expectancy at birth 7- 8 years less than non-Māori.

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.

A number of studies have identified three major issues common to areas with high deprivation:

Triple Aim

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



<https://www.hqsc.govt.nz/news-and-events/news/126/>

Lakes DHB needs to plan now for the significant challenges ahead

- High rates of illness, low birth-weight babies and perinatal and premature deaths;
- Lifestyle issues – smoking, lack of exercise, low levels of fruit and vegetable consumption, substance misuse, and teenage pregnancy;
- Limited availability of services and problems around access.

Lakes DHB's population has high needs, high levels of deprivation and significant access issues. The term "high needs" in this document relates to the national definition used to underpin information relating to the most vulnerable in our community such as ethnicity, age or socioeconomic status. As a result of high deprivation many of the population struggles with the cost of doctors' visits, the cost of medicines and transport to reach a health centre making it very difficult, both for an individual and their families who need to care for them or to help them reach and pay for treatment.

In addition many of our population are living in overcrowded and poor conditions which can contribute to the spread of airborne diseases such as tuberculosis and respiratory infections such as pneumonia, and the worsening of asthma and other chronic respiratory conditions.

Lakes DHB's current focus is on a range of improvement activities to improve outcomes across six system level measures (SLMs), all of which are symptoms of the high deprivation that exists for the Lakes population.

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 all of the current target SLMs:

- **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 treating 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.

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)

3. LAKES DHB POPULATION

Our population is characterised by low growth, high deprivation and a high proportion of Māori

Our population is becoming more diverse, in addition to having a large Māori population; we have a growing Asian population, an aging population and a significant number of the population with high needs. For some people in our population, English is a second language. Language barriers and poor health literacy compound the difficulty of understanding health conditions and conveying and receiving information about medication and how to use it.

The age of the Lakes population is comparable to the national population, although tends to be younger than the national average in the under 19 age group.

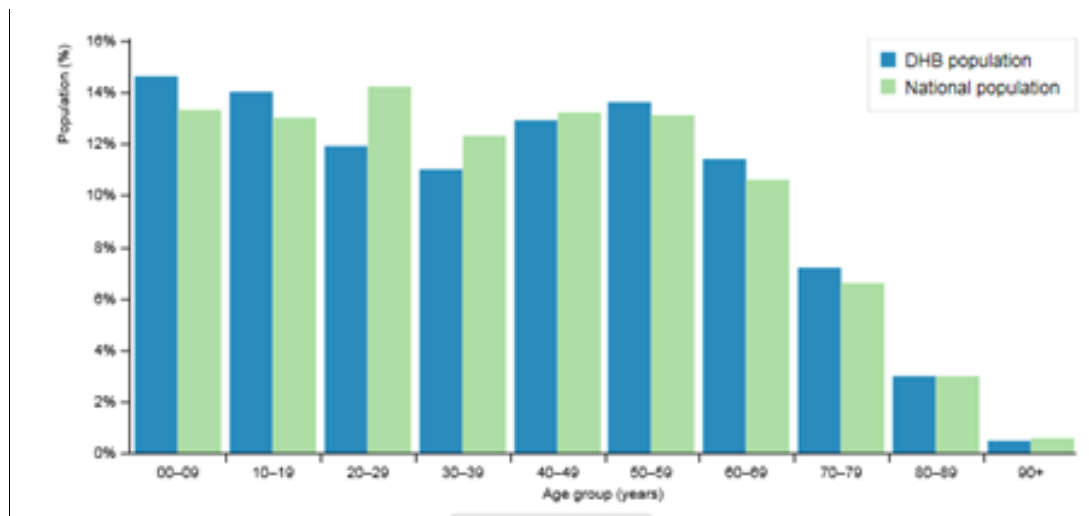


Figure 1: Lakes DHB population by age (2016/17)

Lakes DHB has a much higher proportion of Māori and a lower proportion of Pacific people in comparison to the national average, of note is the Asian population which although currently is considerably lower than the national average is predicted to grow over the next 10 years particularly in the older age groups.











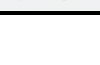

Taupo Population			Rotorua Population		
	European	76.9% vs 74.0%		European	67.5% vs 74.0%
	Māori	29.0% vs 14.9%		Māori	37.5% vs 14.9%
	Pacific peoples	2.7% vs 7.4%		Pacific peoples	5.1% vs 7.4%
	Asian	3.5% vs 11.8%		Asian	6.3% vs 11.8%
	Middle Eastern/ Latin American/ African	0.5% vs 1.2%		Middle Eastern/ Latin American/ African	0.6% vs 1.2%
	Other	1.9% vs 1.7%		Other	1.7% vs 1.7%

Figure 2: Taupo and Rotorua population compared to the NZ population

Our ageing population will present a number of challenges

Although there is minimal growth predicted in the Lakes population some growth is anticipated in the over 65 age group as per the graph below. The cognitive and mobility factors that come with ageing are compounded by financial barriers meaning that people are less likely to access health care or not adhere to long term medication regimens.

This creates a number of challenges as not only will we need to provide care for an aging population but we will also have aging carers who may not be able to provide the level of support required. In addition we know that most of the health workforce is also aging with pharmacists being one of the few health professional groups that are considerably younger than most. This will require us to think differently about how we will ensure access to care for an aging population.

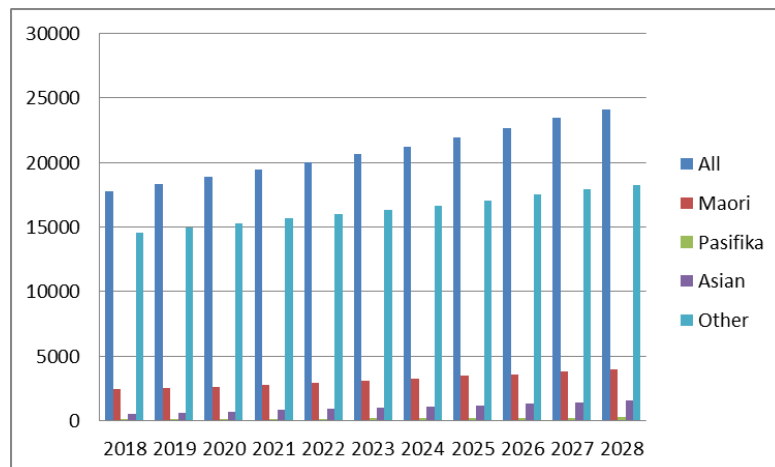


Figure 3: Lakes DHB over 65 population growth to 2028 by ethnicity

Our population is vulnerable

Lakes DHB has a relatively high proportion of people in the most deprived sections of the population compared to the national average.

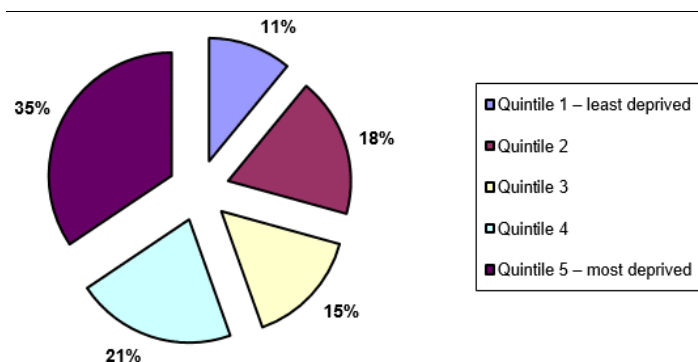


Figure 4: Lakes DHB population deprivation profile

25% of people aged over 60 report having 2 or more long-term conditions

With better access to care and good patient-provider communication, high-need patients are less likely to delay essential care and less likely to go to the emergency department for non-urgent care

(The Commonwealth Fund 2017)

Deprivation is reported in 'quintiles'. Quintile 1 represents the least deprived of the population, whilst quintile 5 represents the most deprived. Lakes have higher than average deprivation as indicated by the high proportion of the population being in quintiles 4 and 5. Where there are more than 20% of people within a quintile, it means there are more people in that deprivation group than the national average.

Whilst Lakes has almost all of its population enrolled with a GP, the 2013/14 Health Survey found that 28% of the NZ population over 15 years had an unmet primary healthcare need, with over 20% in under 4's and statistically significant differences for the Māori, Pacific and Asian populations.

Similarly in 2013/14, Māori children were more than twice as likely as non-Māori children to have reported not collecting prescriptions due to cost at any time in the last 12 months and Māori adults were more than twice as likely as non-Māori adults to have reported not collecting prescriptions due to cost at any time in the last 12 months. Females were more likely to have not collected a prescription due to cost than males.

With the high Māori population and high deprivation it is not surprising therefore that the Lakes DHB population has a large proportion of people with high needs. For the most vulnerable of the population; those under 12 and over 65 all of the enrolled Māori population are considered to have high needs. High needs people are those who are Māori, Pacific or people living in New Zealand quintile 4 and 5 areas.

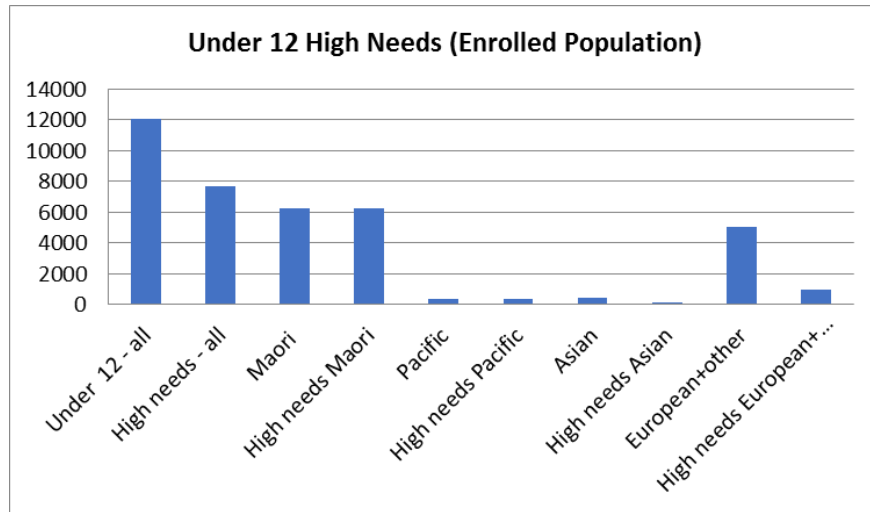


Figure 5: Lakes DHB under 12 population profile (Q4 2018)

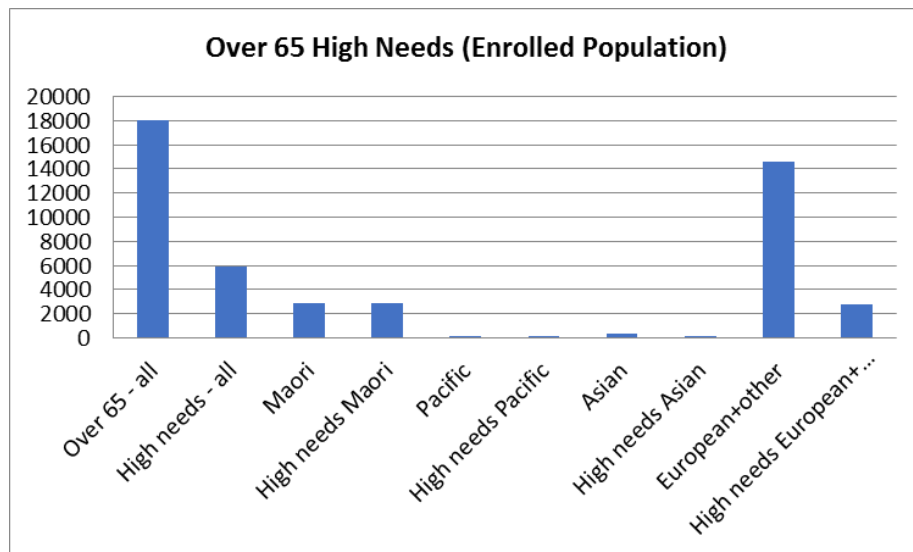


Figure 6: Lakes DHB over 65 population profile (Q4 2018)

Too many of our Māori population are dying of preventable diseases

Amenable mortality rates for Maori declined from 2009 to 2013 but increased from 2013 to 2015, non- Maori/non-Pacific rates have remained relatively stable. The rate-ratio for Maori to non-Maori/non-Pacific in 2015 was 2.8.

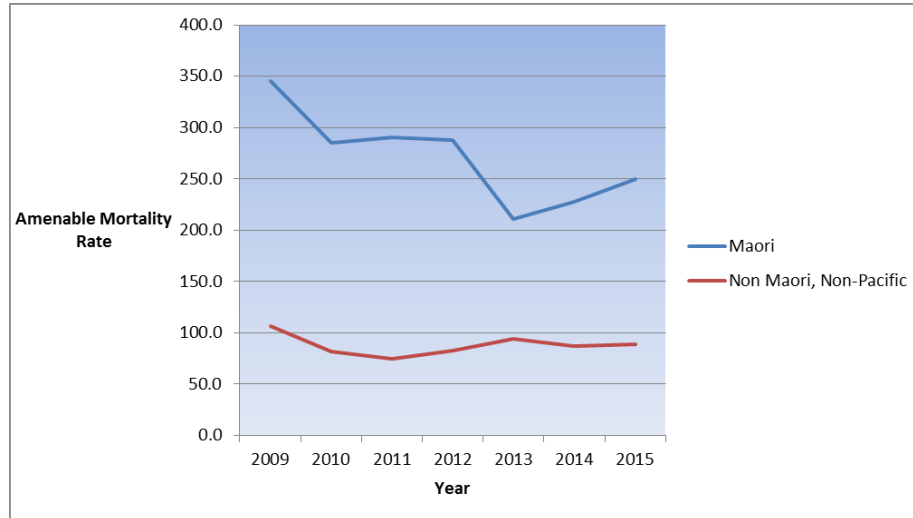


Figure 7: Lakes DHB Amenable Mortality Rate by Ethnicity

Patients with one or more medicines missing from their discharge information are 2-3 times more likely to be readmitted to hospital than those with correct information on discharge

We have already established that we have an aging, high need, high Māori population living in areas with high deprivation. In addition older people have a range of physical health and social needs in addition to mental health and addiction needs. All of these factors converge to create situations where:

- Health care is sought too late or not at all;
- People suffer from preventable disorders;
- People suffer unnecessary complications of long term conditions;
- People attend emergency departments rather than seeking help in primary care;
- Significant preventable hospital admissions occur;
- Hospital stays are longer than they should be.

60% of older people have three or more medicines changed during their hospital stay

The most common conditions for acute admissions by ethnicity in 2015/2016 can be seen in the graph below, many of these admissions may have been preventable or hospital stays shortened if care had been sought earlier.

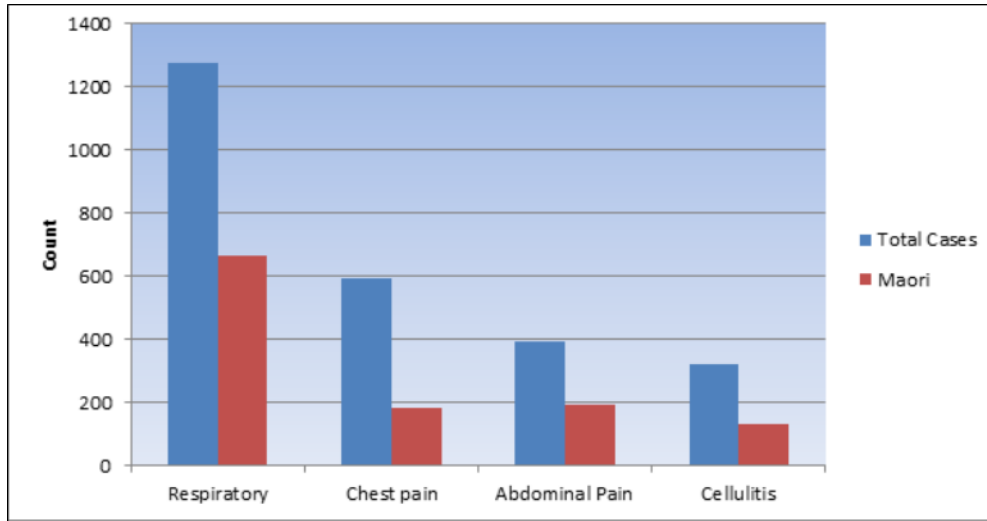


Figure 8: Lakes DHB most common conditions for acute admissions by ethnicity (2015/2016)

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

Our population is geographically spread

Lakes District Health Board covers an area of 9,570 square kilometres; it stretches from Mourea in the north to Mangakino in the west to Turangi in the south and to Kaingaroa village in the east. The major centres of population are Rotorua and Taupo and the main smaller communities are Mangakino and Turangi.

There are two main iwi groups: Te Arawa and Ngati Tuwharetoa.

A large part of the Lakes area is rural with many communities being very isolated with limited access to health and social services.

The maps below give an indication of the spread of the district, the high level of deprivation, and the significant access issues that exist.

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

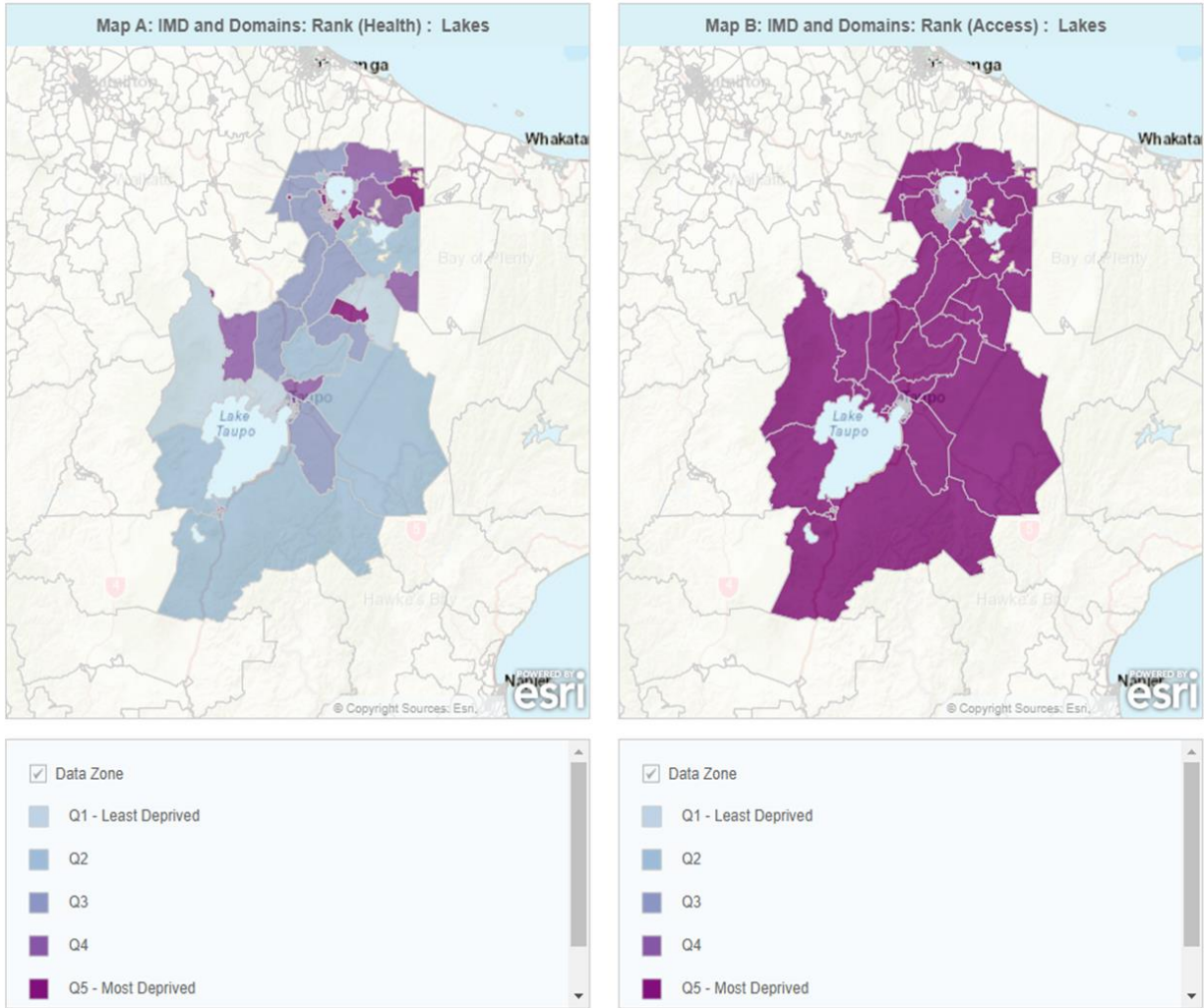


Figure 9: Lakes DHB Deprivation Profile

4. CURRENT COMMUNITY PHARMACY SERVICES

Community Pharmacy Locations

Community pharmacy services are presently provided through a network of 20 community pharmacies in Rotorua, Taupo, and Turangi:

- 13 in Rotorua
- 6 in Taupo
- 1 in Turangi

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.

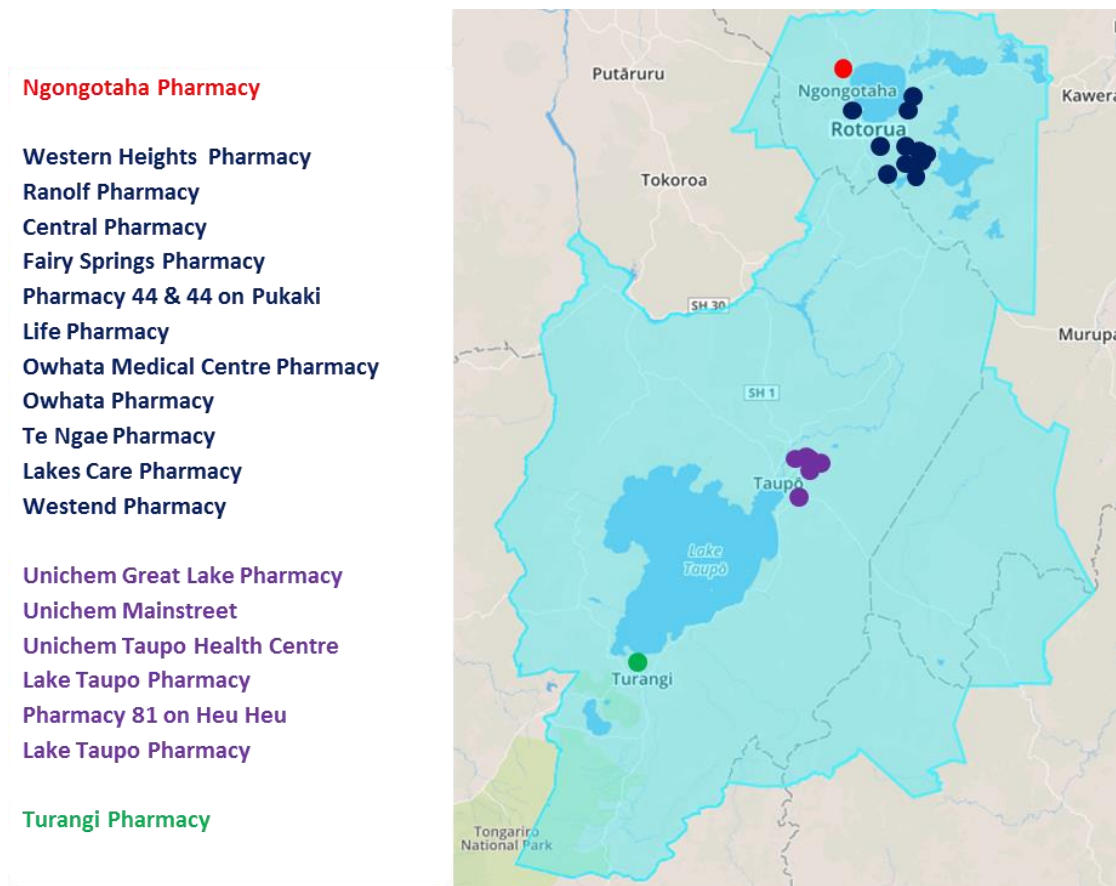


Figure 10: Lakes DHB Community Pharmacy Locations

Community Pharmacy Access

The following table provides a summary of the current opening hours of community pharmacies in Rotorua, Taupo, and Turangi.

Location	Total Number	Open before 08.30	Open after 18.30	Open after 20.00	Open on Saturday	Open on Sunday	Open on a Public Holiday
Rotorua	13	0	1	1	6	3	3
Taupo	6	0	1	0	3	1	1
Turangi	1	0	0	0	1	0	0

The graph below provides a summary of the number of community pharmacists available each day; this information was obtained from a Lakes DHB Community Pharmacy survey conducted in November 2018 (90% response rate).

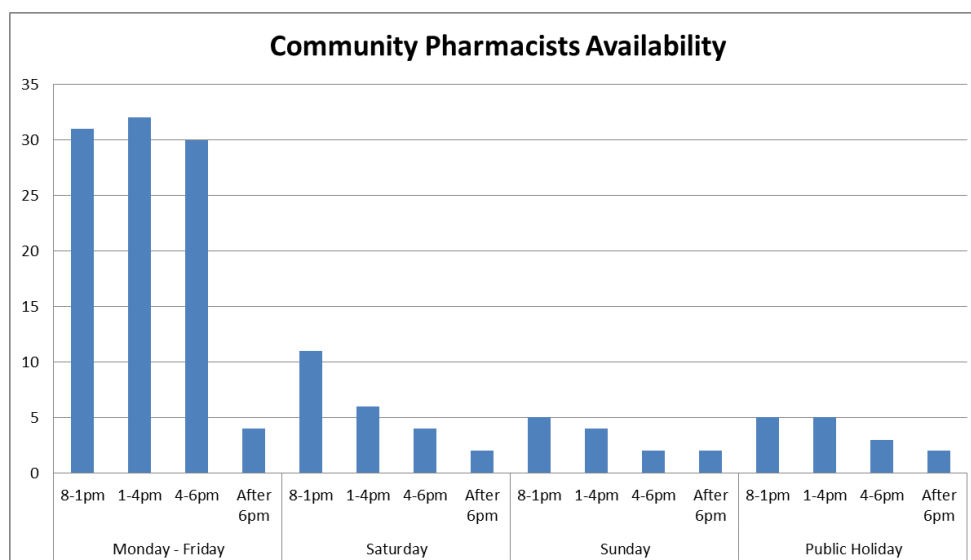


Figure 11: Lakes DHB Community Pharmacy Availability

People that live in the Rotorua, Taupo and Turangi have good access to community pharmacies from Monday to Friday from 08.30 to 17.30, there is much less access after hours and on Saturdays, Sundays and Public Holidays.

Some of the outlying areas such as Whakamaru, Reporoa, Mangakino, Whakapapa have to travel around 50kms to reach a pharmacy from Monday to Saturday and up to as much as 100kms on a Sunday or Public Holiday.

Community Pharmacy Service Provision

A new contract for pharmacy services the 'Integrated Community Pharmacy Agreement' 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 1 million items are dispensed each year from Community Pharmacies in the Lakes 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 – enabling local commissioning:
 - Long Term Conditions Pharmacy Services
 - Community Residential Care Pharmacy Services
 - Age-related Residential Care Pharmacy Services
 - Special Foods Services
 - Community Pharmacy Anticoagulation Monitoring Service
 - Smoking Cessation Services

Schedules 1 and 2 apply to all community pharmacies, schedule 3A applies to selected pharmacies providing population services, Schedule 3B relates to locally commissioned services, and Schedule 3C applies to arrangements with individual pharmacies.

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

Locally commissioned services include LTC services (as above), workforce development, smoking cessation, and local commissioning of new services or additional investment in to existing services. Any changes to existing services as a result of local commissioning must follow the change process outlined in the Integrated Community Pharmacy Services Agreement.

In 2018/19 an additional \$4.1 million was allocated nationally to service local commissioning, Lakes portion of this based on the population based funding formula (PBFF) is \$103, 583. The DHBs have committed to continue with this investment.

Community Pharmacy Workforce

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

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

- 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

The graphs on the next page provide a summary of the Lakes DHB community pharmacy workforce; this information was obtained from a Lakes DHB Community Pharmacy survey conducted in November 2018 (90% response rate).

It can be seen that the age profile of the Lakes DHB community pharmacy workforce is similar to that of New Zealand as a whole. The ethnicity profile of the community pharmacy workforce shows a largely European workforce, growth in the Māori workforce would be required to reflect the broader population ethnicity profile.

Key to Pharmacy Roles	
Charge Pharmacist	CP
Pharmacist	P
Pharmacy Technician	PT
Pharmacy Accuracy Checking Technician	PACT
Pharmacy Intern	PI
Vaccinator	V
Community Pharmacy Assistant	CPA

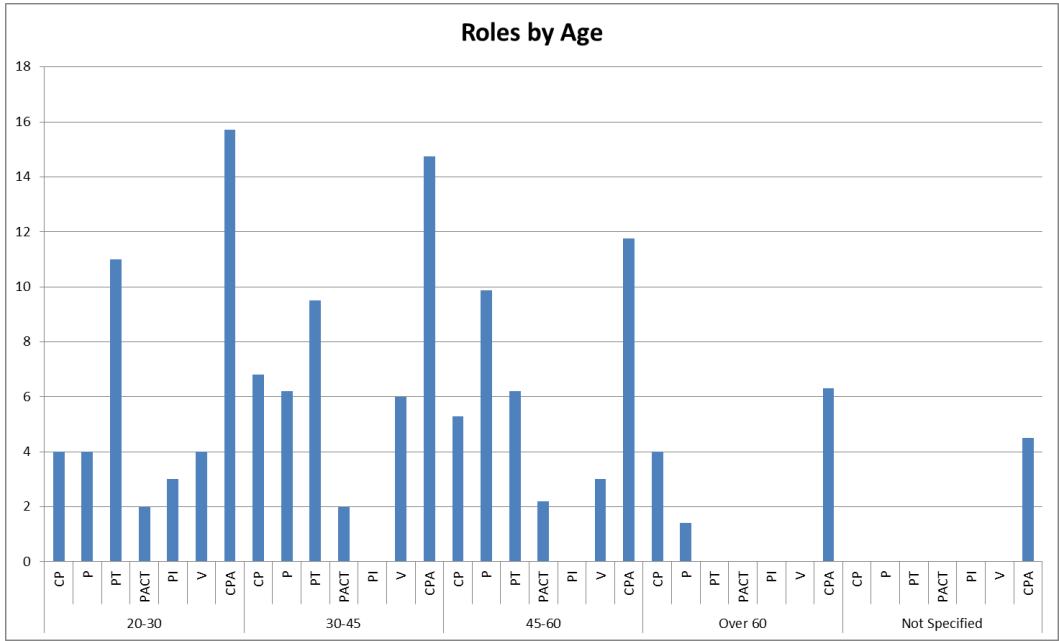


Figure 12: Lakes DHB Community Pharmacy Roles by Age

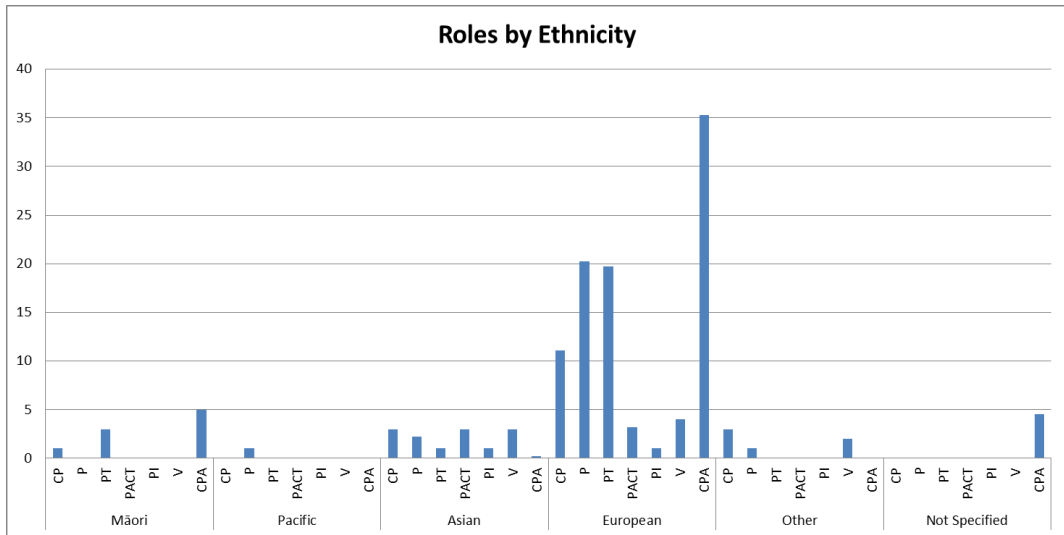


Figure 13: Lakes DHB Community Pharmacy Roles by Ethnicity

5. COMMUNITY PHARMACY – FUTURE DIRECTION

Our communities have told us what's important to them

In 2017 the District Health Boards' Expert Advisory Group held a co-design workshop; the aim was to find out how pharmacist services are perceived by users and what users would like to be able to expect from community pharmacy services.

I need to know that the pharmacist and staff have my best interests at heart, and a process for me to engage (Co-design Workshop Participant 2017)

There were a number of key themes that emerged, all of these are consistent with the literature:

- 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.

Needs Analysis

A comprehensive 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 Lakes 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 table summarises the priorities already identified by Lakes DHB and describes some of the evidence to support these areas of focus.

Identified Need	Key Issue	Description of Evidence
Reduce ambulatory sensitive hospitalisation (ASH) rates	Too many young tamariki are admitted to hospital with conditions that could be prevented or treated in the community	<ul style="list-style-type: none"> • ASH rates per 100, 000 population - Māori rate is 11% higher than the total rate, with significant disparity in a number of conditions and age groups • the top four ASH conditions for children 0-4 are upper respiratory infection, asthma, gastroenteritis and dental conditions • 52% of the enrolled population in primary care are defined as 'high need'
Reduce acute hospital bed days per capita.	Too many adults are admitted to hospital and/or stay too long in hospital with conditions that could be prevented or treated in the community	<ul style="list-style-type: none"> • Acute bed days per 100,00 population are over 50% higher in Māori than the 'other' population group • 25% of the population will be over 65 by 2026 • Over 55% of the population live in areas designated as quintile 4 and 5 (high deprivation) • 52% of the enrolled population in primary care are defined as 'high need'
Improve patient experience of care.	We don't involve our community enough by including them in planning services and/or asking them about their experiences and responding to their feedback	We have a high needs, high deprivation, high Māori population that are geographically spread and are struggling to improve access and outcomes
Reduce amenable Mortality.	Too many people are dying from potentially preventable illnesses/diseases	<ul style="list-style-type: none"> • 32% of the population is Māori • Māori are twice as likely to die from a preventable illness than non-Māori • Lakes DHB's population have an average life expectancy of 79.52 years which is 2.57 years lower than the national average
Increase number of babies who live in a smoke-free household at 6 weeks postnatal.	Too many tamariki are exposed to tobacco smoke in pregnancy and infancy	<ul style="list-style-type: none"> • Target for 'better help for smokers to quit' not met • Over 20% of the population are smokers • 20-24 year olds form the largest group of smokers with more females than males • 35% of Māori are smokers • 40-50% of Maori pregnant women are smokers • 23% of all women giving birth had tobacco use recorded
Increase youth access to and utilisation of youth appropriate health services	Young people are not accessing health services and therefore not getting the care they need.	<ul style="list-style-type: none"> • Over 25% of the population are between 10 and 30 years of age • The New Zealand suicide rate (15-19 years) is the worst in the world • The youth suicide rate is 84% higher for Maori than non-Maori

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 Lakes 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 information 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 Lakes 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"> Access to the right services in the right place at the right time An environment that is inviting with good access regardless of my level of mobility, or cognitive or other abilities Access to pharmacy services regardless of where I live 	<ul style="list-style-type: none"> People powered Closer to home 	<ul style="list-style-type: none"> Population and personal health Medicines management services Minor ailments and referral Dispensing and supply services
Service Delivery	<ul style="list-style-type: none"> To have a pharmacy home where I have a good relationship and where all of my medicines/pharmacy-related needs can be met 	<ul style="list-style-type: none"> People powered Closer to home Value and high performance One team 	<ul style="list-style-type: none"> Population and personal health Medicines management services Minor ailments and referral Dispensing and supply services
Capacity and Capability	<ul style="list-style-type: none"> A pharmacy that provides expertise and leadership in medicines/pharmacy-related services To know that I am getting current, culturally safe and competent, evidence based expert advice on pharmacy and medicines related services 	<ul style="list-style-type: none"> Value and high performance Smart system 	<ul style="list-style-type: none"> Population and personal health Medicines management services Minor ailments and referral Dispensing and supply services
Collaboration	<ul style="list-style-type: none"> To receive a high quality professional service as part of a multidisciplinary programme of care 	<ul style="list-style-type: none"> People powered Value and high performance One team 	<ul style="list-style-type: none"> Population and personal health Medicines management services Minor ailments and referral Dispensing and supply services

What we will do: Opportunities, Priorities and Options

Lakes 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:

- Lakes 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

In addition extensive due diligence, research, and planning would be required to ensure the success of any services that are deployed.

The following are service development opportunities that have been generated as a result of the work and research done to date. It is acknowledged that in some cases considerably more scoping and analysis will be required to ensure that sustainable and viable solutions are implemented.

- 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 once the Community Pharmacy Advisory Group is established and/or as further

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)

research is conducted.

The table below provides some examples linked to the current Lakes DHB focus areas.

Community Pharmacy Service Options	Links to SLMs/Possible Measures
Respiratory disease management: COPD, Asthma	SLMs 1, 2,3, & 4
Monitoring: blood pressure, blood glucose, peak flow monitoring	SLMs 1, 2,3, & 4
Minor ailments service: skin, sore throat swabbing, gastro, wounds, sprains, strains, head lice, scabies, thrush, conjunctivitis, asthma, reflux, constipation, uncomplicated urinary tract infection, emergency hormonal contraception	SLMs 1, 2,3, 4 & 6
Screening: Smoking, alcohol, health check, weight, falls assessment	SLMs 1, 2,3, 4, 5 & 6
Testing: Chlamydia, Gonorrhoea, Hep B, HIV	SLMs 3, 4 & 6
Immunisation – flu, travel health, HPV.	SLMs 3, 4 & 6

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

*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)***

- ✓ 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.

***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)***

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.

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

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

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

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)

- 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
- ✓ 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.

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.

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)

***The Lakes DHB
Community Pharmacy
Advisory Group will
support implementation
of the Lakes DHB
Community Pharmacy
Strategic Plan.***

How we will get there

A Lakes DHB Community Pharmacy Advisory Group comprising representatives from pharmacies, primary care, residential care, planning and funding, Māori Health, and consumers will be established to identify and prioritise initiatives that will provide most benefit to the Lakes DHB community.

Once identified detailed scoping and planning of initiatives will need to occur including identifying leads, and confirming timeframes and resource implications for development and implementation.

In addition the Advisory Group will provide a monitoring and advice function to ensure that community pharmacy services are being developed to meet the needs of the community and maximise the use of the expertise and skills that community pharmacists offer.

Appendix A References

Alexander Consulting LTD. 2009. Funding Model and Contracting Options for Community Pharmacist Services. Discussion Paper.

Community pharmacies: promoting health and wellbeing. NICE guideline. (2018). [nice.org.uk/guidance/ng102](https://www.nice.org.uk/guidance/ng102)

Dunedin: Centre for Health Systems, University of Otago. 2016. Canterbury Community Pharmacy Group Outcomes Framework.

Health Poverty Action. <https://www.healthpovertyaction.org/info-and-resources/the-cycle-of-poverty-and-poor-health/key-facts/>

International Pharmaceutical Federation (2005). Quality Care Standards in Community Pharmacy Report of a Working Group. <https://www.fip.org/files/fip/CPS/Quality%20Care%20Standards%20final.pdf>

Lakes DHB Annual Plan and Statement of Intent 2017-2018.

Lakes DHB System Level Measures 2018/19.

Māori Health Strategy for the Pharmacy Profession. Pharmacy Reference group for the Implementation of the Strategy for Māori health (PRISM.)

Ministry of Health. 2018. Top Tips for Improving Your Acute Demand Management. Wellington: Ministry of Health.

Ministry of Health. 2016. Pharmacy Action Plan 2016 to 2020. Wellington: Ministry of Health.

Minister of Health. 2016a. The New Zealand Health Strategy: Future Direction. Wellington: Ministry of Health.

Minister of Health. 2016b. The New Zealand Health Strategy: Roadmap of Actions 2016. Wellington: Ministry of Health.

Ministry of Health. 2015. Implementing Medicines New Zealand 2015 to 2020. Wellington: <https://www.health.govt.nz/system/files/documents/publications/implementing-medicines-new-zealand-2015-to-2020-jun15-v2.pdf>

Nazar H, Brice S, Akhter N, et al New transfer of care initiative of electronic referral from hospital to community pharmacy in England: a formative service evaluation BMJ Open 2016;6:e012532. <https://bmjopen.bmj.com/content/6/10/e012532>

Ministry of Health. 2013/14 New Zealand Health Survey, Ministry of Health. Wellington. <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-ratonga-hauora-kua-mahia-health-service-use/primary-health-care>

New Zealand National Pharmacist Services Framework. Wellington: Pharmaceutical Society of New Zealand Inc.; 2014. <http://bit.ly/1RZHcug>

NICE. 2016. Medicines optimisation Quality standard. [nice.org.uk/guidance/qs120](https://www.nice.org.uk/guidance/qs120)

NICE Pathways. 2018. Shared decision-making about medicines. <http://pathways.nice.org.uk/pathways/medicines-optimisation>

NICE Pathways. 2018. Medicines optimisation overview. <http://pathways.nice.org.uk/pathways/medicines-optimisation>

Pharmaceutical Management Agency Year In Review 2017. <https://www.pharmac.govt.nz/assets/2017-Year-in-Review.pdf>

Pharmaceutical Society of New Zealand and New Zealand Medical Association. 2017. An Integrated Framework for Pharmacists and Doctors. Wellington, New Zealand. www.psnz.org.nz

Pisciotta M. 2018. How to Achieve the Triple Aim for All. <http://www.ihl.org/communities/blogs/how-to-achieve-the-triple-aim-for-all>

S.L. Scahill, J. Harrison and P. Carswell. 2010. What constitutes an effective community pharmacy?—development of a preliminary model of organizational effectiveness through concept mapping with multiple stakeholders. <https://academic.oup.com/intqhc/article-abstract/22/4/324/1842384>

S.L. Scahill, J. Harrison, P. Carswell and J. Shaw. 2010. Health care policy and community pharmacy: implications for the New Zealand primary health care sector. <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2010/vol-123-no-1317/view-scahill>

TAS. 2018. Feedback from the co-design workshop.

Tinsley K. 2018. Lesson from Kansas: Start Addressing Health Equity in Your Own Backyard. http://www.ihl.org/communities/blogs/lesson-from-kansas-start-addressing-health-equity-in-your-own-backyard?utm_campaign=tw&utm_source=hs_email&utm_medium=email&utm_content=66868102&hsenc=p2ANqtz-

Thornley T, Kirkdale C, & Wright D. 2017. Demonstrating the patient benefit and value for the NHS of community pharmacy: insight from the Community Pharmacy Future model. The Pharmaceutical Journal. <https://www.pharmaceutical-journal.com/research/demonstrating-the-patient-benefit-and-value-for-the-nhs-of-community-pharmacy-insight-from-the-community-pharmacy-future-model/20202334.article?firstPass=false>

West Sussex Pharmaceutical Needs Assessment. 2018.

World Health Organisation: <http://www.who.int/patientsafety/medication-safety/en/>

World Health Organization, 2017. Medication Without Harm - Global Patient Safety Challenge on Medication Safety. Geneva: <http://apps.who.int/iris>

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. 2016. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. [Available at ihl.org](http://www.ihl.org)

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	The workforce is culturally diverse and culturally competent
	Staff are supported to remain current in pharmacy best practice and are appropriately accredited to deliver specialist pharmacy care	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 communities	To improve health outcomes for Māori
	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