

**Pharmacy Services to Age Related Residential Care Users in ARRC Facilities**  
**Reasonable interpretation of the Service Specifications**  
**Including feedback from Health of Older People Portfolio Managers Feedback June 2016**

**Problem Definition**

Current Service Specifications are open to interpretation and pharmacists are left uncertain as to what is expected of them. Pharmacists require guidance on what the Minimum standard is and how to interpret the Service Specifications in the working environment; to understand what is and what is not funded both in terms of managing their own work and in terms of communicating to the ARRC facilities and the GPs what can reasonably be expected of them. Pharmacists also need to understand implications of not meeting the funded Service Specifications.

**Task**

To clarify the realistic expectations of pharmacy services described within the Service Specifications.

**Overarching Principles**

The Service Development group have created these over arching principles to create a context for the Advice Document

- The Service Specification only applies to people who are assessed as requiring Age Related Residential Care for the purposes of the Social Security Act
- The Service Specification requires the Patient to receive service at a standard equivalent to a core service patient. The expectation is the clinical support component of the service (including advice and counselling) is provided to ARRC facility staff to support them in ensuring the resident's use of medicines is safe and effective.
- This document should be read in association with all other professional standards applying to the delivery of the service.

Service Specification Header	ARRC Service Specification (CPSA 2012) Current	Reasonable Interpretations
<b>1. Definition</b>	We wish to fund pharmacy services for ARRC Service Users in ARRC Facilities to ensure <b>appropriate</b> pharmacy services and advice are being provided to such ARRC Service Users and the ARRC Providers in respect of the ARRC Facilities in which those ARRC Service Users reside. The Services set out in this Service Specification should not be taken as defining the limits of the role that Pharmacists could play in the future in terms of assisting with the medicine management of ARRC Service Users.	<b>Appropriate</b> services ensure that the patient receives pharmacy services at a standard equivalent to a core service patient.
<b>2. Service objectives</b>	We wish to fund pharmacy services to ARRC Service Users in ARRC Facilities as part of an integrated community based health service that: (a) provides ARRC Service Users with the best quality and most cost-effective Services, within the available funding, based on	<b>Professional and quality management standards and codes of practice</b> The following is advice on where to find some key documents, this was correct at as at 21 9 2011 please note documents and websites may change and it is the practitioner's responsibility to keep updated

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	<p>established <b>professional and quality management standards and codes of practice</b>;</p> <p>(b) provides <b>specialist advice</b> as required to ensure optimal medicines management for ARRC Service Users; and</p> <p>(c) ensures ARRC <b>Service User and Staff safety</b>.</p>	<ul style="list-style-type: none"> <li>for comprehensive professional standards see <a href="#">NZ Pharmacy Council website</a> for the <a href="#">standards guides and protocols</a> including the <a href="#">Code Ethics</a></li> <li>For guidance on medicines in ARRC facilities see the Ministry of Health website for <a href="#">Medicines Care Guides for Residential Aged Care</a> and other publications on the <a href="#">Health of older people</a> and <a href="#">Long term Residential Care</a></li> </ul> <p><b>Specialist advice</b></p> <ul style="list-style-type: none"> <li>Specialist advice is considered to be related to all medicines advice as would be considered appropriate when handing over a dispensed medicine to a patient (in the pharmacy for core or Long Term Conditions (LTC) services)</li> <li>Advice needs to be provided to the facility staff in such a way as supports the implementation of the advice at the patient interface. We suggest an agreed communication strategy with the facility so that the facility can ensure the continuity of the advice through staff shifts/ nursing handover. From the pharmacist perspective we suggest that the strategy includes <ul style="list-style-type: none"> <li>an agreed mutual understanding of the format of the advice — we recommend written advice to ensure integrity of advice thorough communication chain and to ensure all facility staff are able to access that advice at times relevant to them</li> <li>the point of delivery</li> <li>an understanding of the dissemination strategy</li> </ul> </li> </ul> <p><b>Advice includes</b> but is not limited to:</p> <ul style="list-style-type: none"> <li>Administration advice e.g. before or after food etc...</li> <li>Changes in medicines appearance (change of brand etc.)</li> <li>Specific advice on significant drug interactions.</li> <li>It would be considered good practice to provide medicine information on each (new) medication that is appropriately focused so that staff can understand the medicines they are using.</li> <li>Warnings and precautions</li> </ul> <p><b>Service User and Staff safety</b> – refers to medicine usage and administration safety.</p> <p><b>Special note regarding Controlled Drugs in the facilities</b> – when undertaking a CD stocktake the pharmacist should make it clear to the facility that the pharmacist is not responsible for</p>

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		<p>the reconciliation of CD stock, or any discrepancies identified. It is reasonable to expect the pharmacist to provide advice to the staff on their (the staff's) responsibilities under such circumstances such as how to manage the recording task and what actions staff might consider taking when discrepancies occur.</p> <p>It is expected that the pharmacist makes themselves aware of the ARRC facilities operating requirement and procedures relating to medicines and health care.</p>
<p><b>3. Service Users</b></p>	<p>The Service Users to whom you may provide ARRC pharmacy services are only <b>ARRC Service Users</b>. For the avoidance of doubt, if a person is residing in a rest home or long-stay care hospital (including a home or hospital which is an ARRC Facility) but that person is not an ARRC Service User then such person shall not be treated as an ARRC Service User nor provided ARRC Pharmacy Services under this Agreement. Such non-ARRC Service Users shall instead be provided Core Pharmacy Services and such other Services as they are eligible to receive under this Agreement.</p>	<p>Eligible <b>ARRC Service Users</b> are:-</p> <ul style="list-style-type: none"> <li>assessed as requiring care for the purposes of the Social Security Act.</li> <li>resident in an ARRC facility that is both certified under the Health and Disability Services (Safety) Act 2001 and has a contract with a DHB as listed on the Ministry of Health website: <a href="http://www.health.govt.nz/your-health/certified-providers/aged-care">http://www.health.govt.nz/your-health/certified-providers/aged-care</a></li> </ul> <p>If the service user is eligible for ARRC pharmacy services then then the dispensing must be recorded as such (i.e. tick the ARRC flag in the PhMS).</p> <p><b>Exemptions include:-</b></p> <ul style="list-style-type: none"> <li>Palliative care in or out of hospice e.g. home, sheltered accommodation</li> <li>Long Term Conditions (LTC) Services from a community pharmacy. If the patient is receiving ARRC services they cannot be registered in LTC</li> </ul> <p><b>Note:</b> It is recognised that there is no transparent process for pharmacists to be able to identify the ARRC residents that have not been assessed as requiring care and therefore ineligible for ARRC services, and that pharmacists must rely on the information provided by the facility.</p> <p>The pharmacist is advised to have an agreement with the ARRC facility that the facility takes responsibility for advising the pharmacist if a patient is or is not needs assessed as requiring care under the Social Security Act.</p>
<p><b>4. Access</b></p>	<p>a) You agree to provide ARRC Pharmacy Services for a minimum of 5 days a week during usual business hours unless such period is affected by a public or statutory holiday. You will use your best endeavours to ensure a level of access to ARRC Pharmacy Services to ARRC Service Users that meets the reasonable needs of such Service Users.</p> <p>b) You must provide ARRC Pharmacy Services during normal business hours to minimise the need for after hours pharmacy services, as</p>	

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	agreed between you and the ARRC Providers of ARRC Facilities in which those ARRC Service Users reside.	

<p><b>5. Service components</b></p> <p><b>5.1 Services</b></p>	<p>ARRC Pharmacy Services include:</p> <p>a) the Dispensing of Pharmaceuticals in a suitable manner, in accordance with the terms of the Pharmaceutical Schedule and the process outlined in clauses 6.1(a) to (e) of the Core Pharmacy Services service specification;</p> <p>b) the provision of information, advice and services to the same standard of information, advice and services to that which would be received by a Service User presenting at your Pharmacy as is required by the Code of Ethics;</p> <p>c) the implementation of <b>systems for the distribution</b> and administration of Pharmaceuticals to ARRC Providers of ARRC Facilities for ARRC Service Users that support the Medicines Care Guides for Residential Aged Care published by the Ministry of Health, 2011;</p> <p>d) the maintenance of an <b>accurate medication profile</b> for every ARRC Service User, and you must:</p> <p>(i) make it available, if requested, to the ARRC Service User, or their agent (as applicable) and members of the ARRC Service User’s multi-disciplinary team; and</p> <p>(ii) transfer it to the applicable Pharmacy, ARRC Provider of the relevant ARRC Facility or secondary care Practitioner, if the ARRC Service User transfers to another Provider or ARRC Facility;</p> <p>(e) the provision of <b>synchronisation</b>, reconciliation and review services - Review services at this level to include drug/drug interaction; Drug dose timing (eg Fosamax plus), efficacy and ensuring no allergy conflict. This review of medication usage will encourage compliance and <b>efficacy</b> through correct drug use and timing. (Full MTA a separate service and fee)</p> <p>(f) You will ensure the ARRC facility staff and medication administrators are kept informed of medication changed brought about by Pharmac funding decisions as they apply to the ARRC facility users at the time.</p> <p>(g) You will provide access to supply and service in such a manner as to minimise waste of Pharmaceuticals. This will require you not to deliver a Prescription Item to an ARRC Service User in an ARRC</p>	<p>b) Refer above – advice and mutually agreed communication strategy with the facility.</p> <p>c) Systems for the <b>distribution and administration</b> of Pharmaceuticals to ARRC providers.</p> <ul style="list-style-type: none"> <li>• These systems need to be documented and signed off between the pharmacy and ARRC facility and will form the basis of Standard Operating Procedures (SOPs)</li> <li>• The pharmacist’s role can be reasonably expected to include provision of advice to a facility on how to organise medication distribution and administration for eligible ARRC service users within the facility but does not include an expectation of responsibility for the setting up of those systems</li> <li>• The pharmacists role might reasonably be expected to include education sessions for ARRC staff on medication related issues such as <ul style="list-style-type: none"> <li>○ medicine incident reporting</li> <li>○ controlled drug storage, recording and reconciliation</li> <li>○ what generic medication means</li> <li>○ processes to ensure medication management is effective and safety</li> <li>○ encouraging medication queries from staff.</li> </ul> </li> </ul> <p>(d) <b>Accurate medication profile</b></p> <p>The pharmacy patient record can reasonably be expected to contain (but is not limited to)</p> <ul style="list-style-type: none"> <li>• Medication related intolerances and allergies</li> <li>• Adverse reactions</li> <li>• Other medication considerations where known e.g. <ul style="list-style-type: none"> <li>○ Administration issues like. Swallowing</li> <li>○ Renal and Hepatic impairments</li> <li>○ Cognitive impairments</li> <li>○ Risks of falls due to postural hypotension or sedation</li> </ul> </li> <li>• A history of medications</li> </ul> <p>It is recommended that the pharmacist has an agreement with the ARRC facility that the pharmacist receives copies of the “Health Quality and Safety Commission (HQSC) Resident Overview Sheet to the Medication Chart” or its equivalent for each. The agreement should include an expectation that all updated versions of the sheet are copied to the pharmacist when it is edited by the ARRC facility staff or the prescriber.</p> <p>(e) Note below on <b>synchronisation</b> and <b>efficacy Synchronisation</b>, should be used to bring medicines supply in alignment with the routine</p>
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	<p>Facility earlier than 3 Business Days prior to the expected first administration of the Pharmaceutical comprising that Prescription Item to the relevant ARRC Service User; and</p> <p>(h) the waiting times in paragraph (a) above will not apply if a Prescription Item is for a Pharmaceutical that is not available in New Zealand at the time that you are presented with the Prescription Form.</p>	<p>supply cycle for the facility. So if a new resident is admitted or a new regular medicine prescribed then the pharmacist can supply less than 28 days to align to the facility cycle.</p> <p>Short course medications can be separately packaged</p> <p>The pharmacist is expected to work in partnership with ARRC facilities, nursing staff and their GPs to minimise waste.</p> <p><b>Efficacy;</b> in this situation “review ...efficacy” refers to the clinical check of the medicine to ensure appropriateness given the context of the resident.</p>
<b>5.2 Facilities and settings</b>	<p>(a) The Pharmacy from which you provide ARRC Pharmacy Services must be <b>licensed</b> by the Ministry of Health.</p> <p>(b) You must provide a delivery service to ARRC Service Users in ARRC Facilities.</p> <p>(c) If you use a local or remote packaging facility, you may only do so with our prior approval and on the basis that the packaging facility will deliver the Pharmaceuticals to you for final checking, and following such check you must deliver the Pharmaceuticals to the ARRC Facility.</p>	<p><b>Licensed</b></p> <p>Note: Certification of facilities against the Health and Disability Standards of the Act (2002) has replaced licensing of facilities.</p>
<b>5.3 Waiting Times for Services</b>	<p>Subject to any written agreement between us to the contrary to take into account your particular supply arrangements for ARRC Service Users:</p> <p>(a) to minimise unnecessary Dispensing and waste of Pharmaceuticals, you must not deliver a Prescription Item to an ARRC Service User in an ARRC Facility earlier than 3 Business Days prior to the expected first administration of the Pharmaceutical comprising that Prescription Item to the relevant ARRC Service User; and</p> <p>(b) the waiting times in paragraph (a) above will not apply if a Prescription Item is for a Pharmaceutical that is not available in New Zealand at the time that you are presented with the Prescription Form.</p>	<p>To help manage dispensing flow and unnecessary waste of Pharmaceuticals the pharmacist should consider having an agreement with the prescriber and the facility that prescription changes could be considered and annotated according to when the change will be initiated.</p>
<b>5.4 Claim information</b>	<p>As per clause H7.4, in respect of each ARRC Claim you submit under this Agreement, you must provide the NHI number of each Service User who was registered with your Pharmacy as receiving ARRC Pharmacy Services. From an indicative date of 1 February 2013 (subject to amendment after applying the Transitional Change Mechanism provisions in clause L7), you must also provide the DoB of each Service User in respect of all claims covered in clause H7</p>	

<p><b>5.5 The provision of additional Specific Pharmacy Services</b></p>	<p>Service Users receiving ARRC Pharmacy Services may also receive the following Specific Pharmacy Services:</p> <ul style="list-style-type: none"> <li>(a) Class B Controlled Drug Services (including Pharmacy Methadone Services for Opioid Dependence);</li> <li>(b) Pharmacy Clozapine Services;</li> <li>(c) Aseptic Pharmacy Services;</li> <li>(d) Sterile Manufacturing Services ;</li> <li>(e) Special Foods Services;</li> <li>(f) Community Pharmacy Anti-Coagulation Management Services;</li> <li>(g) Extemporaneously Compounded Preparations Services;</li> <li>(h) Named Patient Pharmaceutical Assessment (NPPA) Services A; and</li> <li>(i) Named Patient Pharmaceutical Assessment (NPPA) Services B.</li> </ul>	
<p><b>6. Notification of Provision of Services</b></p>	<p>You must inform us in writing of the names of the ARRC Facilities in which ARRC Service Users reside to whom you provide ARRC Pharmacy Services, or provide this electronically using the Health Practitioner Index (HPI) number. Such information is to be provided to us within one month of the Commencement Date or within one month of the date on which you first provide ARRC Pharmacy Services to an ARRC Service User in an ARRC Facility (other than an ARRC Facility you have previously informed us about).</p>	
<p><b>7. Service Linkages</b></p>	<p>You agree to have effective links with:</p> <ul style="list-style-type: none"> <li>(a) service providers and organisations specified in clause 7 of the service specification for Core Pharmacy Services in Schedule C1;</li> <li>(b) palliative care providers;</li> <li>(c) pain management services; and</li> <li>(d) the ARRC Providers of the relevant ARRC Facilities.</li> </ul>	
<p><b>8. Exclusions</b></p>	<p>Core Pharmacy Services and LTC Pharmacy Services are excluded from this service specification.</p>	<p>Hierarchy of claim codes – When ARRC is activated (LTC and Core cannot be claimed) Once patient is discharged then they revert to LTC or core <b>Additional Exclusions are:</b></p> <ul style="list-style-type: none"> <li>• CRC</li> </ul>
<p><b>9. Quality requirements</b></p>	<p>In addition to your obligations under the Quality Specifications in Part G of this Agreement, you must also make relevant Records available to our auditors of ARRC Providers, including any information required by those auditors in relation the medication profile of the relevant ARRC Service Users.</p>	<p>An annual quality plan is developed and agreed in partnership with ARRC facility. It is expected that quarterly monitoring of quality plans is undertaken by the community pharmacist. Plans should contain but not be restricted to:</p> <ul style="list-style-type: none"> <li>• Service supply dates (Packing and delivery dates)</li> <li>• Managing stock levels</li> <li>• Frequency of ARRC facility visits</li> <li>• Education visits for staff</li> </ul>

**10. Purchase Units and reporting requirements**

**10.1 Purchase Units**

The following Purchase Units apply to ARRC Pharmacy Services. Purchase Units are defined in the Ministry of Health’s data dictionary and correspond to the relevant services and payment terms specified in Schedule H1.

PU ID	PU Short Name
PH1029	ARRC Pharmacy Services
PH1002	Extemporaneously Compounded Preparations Services
PH1004	Named Patient Pharmaceutical Assessment (NPPA) Services A (Pharmaceuticals on the Pharmaceutical Schedule)
PH1005	Named Patient Pharmaceutical Assessment (NPPA) Services B (Pharmaceuticals not on the Pharmaceutical Schedule)
PH1006	Class B Controlled Drug Services (including Pharmacy Methadone Services for Opioid Dependence)
PH1008	Pharmacy Clozapine Services (Monitored Therapy Medicine Services)
PH1010	Aseptic Pharmacy Services
PH1025	Sterile Manufacturing Services
PH1003	Special Foods Services
PH1031	<b>Community Pharmacy Anti-coagulation Management Services</b>

You may claim for the following Services if these are listed in Schedule C1, Clause C2:

- Pharmacy Methadone Services for Opioid Dependence (Class B Controlled Drug Services)
- Pharmacy Clozapine Services (Monitored Therapy Medicine Services)
- Aseptic Pharmacy Services
- Sterile Manufacturing Services
- Special Foods Services
- Community Pharmacy Anti-coagulation Management Service

**PH1031 Community Pharmacy Anti-coagulation Management Services (CPAMS)**

**Note:** CPAMS may be only be claimed for when there is agreement with the DHB

**10.2 Reporting requirements**

You agree to report information in accordance with the Pharmaceutical Transactions Data Specification, the Procedures Manual and the terms and conditions set out in this Agreement, including Part H.



