

**Pharmacy Services Expert Advisory Group (EAG)**  
**Meeting 1 Minutes**

<b>Date</b>	<b>Tuesday 25 June 2024</b>
<b>Time</b>	11 am to 1 pm
<b>Independent Chair</b>	Shenagh Gleisner
<b>Attendees</b>	<ul style="list-style-type: none"> <li>• Alex de Roo</li> <li>• Alex Graham (online)</li> <li>• Andrew Bary</li> <li>• Andrew Gaudin</li> <li>• Astuti Balram</li> <li>• Billy Allan</li> <li>• Bronwen Shepherd</li> <li>• Brooke McKay (online)</li> <li>• Carissa Crow</li> <li>• Daniel Tsai</li> <li>• Helen Connole</li> <li>• Joel Sathuluri</li> <li>• Keith Fraser</li> <li>• Kylie Head</li> <li>• Lisa Britton</li> </ul>
<b>Apologies</b>	All members were present

**1. Welcome, Introduction and apologies**

**Welcome:** Shenagh welcomed the group and introductions were shared.

**Karakia Timatanga:** Lisa Britton

Update on Māori representatives: Health NZ advised that we are still exploring avenues for accessing Māori representatives.

Whakawhanaungatanga: Members introduced themselves and their backgrounds.

**2. EAG work programme**

Health NZ tabled a draft work programme proposal for debate based on the discussions from NAAR. The list of priorities from NAAR was also provided.

Reflecting this, the programme suggested by HNZ was as follows, but the views of the EAG were sought subject to final approval by NAAR on July 11<sup>th</sup>:

- Quarter 1 (1 July – 30 Sept 2024) Clozapine Services (3A.4) review
- Quarter 2 (1 Oct – 31 Dec 2024) Long Term Conditions Pharmacy Services (LTC) (3B.1) review
- Quarter 3 (1 Jan – 31 March 2025) Expansion of Locally Commissioned Services.

It was explained that Health NZ does not have the capacity to support multiple workstreams in parallel so the EAG would need to choose a sequenced approach with an approximately three-month allocation of time for each area chosen

**Key points made in the discussion in EAG**

The extension of the Minor Health Conditions Service (minor ailments) was strongly supported by pharmacist and provider representatives, but Health NZ is unable to commit at this point. It was noted that there is a significant community need and the likely increasing demand on pharmacies in light of the raising of co-payments for GP services. It was understood, however, that the evaluation is not yet finalised and that additional funding to extend the service was not available currently. Health NZ agreed to make the Minor Health Conditions Service evaluation available as soon as possible.

The EAG wanted to see a mix of quicker deliverables and also longer-term development work on the work programme. Some could bring results more quickly (eg, Clozapine Services) but others would need significant groundwork and a much longer timeframe (eg, the Minor Health Conditions Service) so that it was ready to implement when funding becomes available.

The Long-Term Conditions (LTC) service need to be reviewed was raised by Health NZ. There was recognition that the service should be renamed to reflect its medicine adherence intentions. Discussion noted shortfalls, funding constraints, the complexity of the eligibility criteria, the role of caps on entry to the service, customer access inequities, and opportunities for how other programmes might fit into the service. It was noted that the LTC service was originally developed with funding already within the CPSA funding envelope and that this has an important link to NAAR's sustainable service and funding model development intentions.

It was also noted that some of the locally commissioned services could be considered 'extended care pharmacy service' (gout, asthma, ECP). These could be considered as part of a broader minor health conditions framework.

EAG were mindful that their focus will be upon service models and design but, in order to present options for NAAR, some models of care options might need some indicative costing work. This would be a question of adding some financial costing skills into the EAG working groups if necessary. This would support, not replace, NAAR decision-making. There were differing opinions on this matter.

The Clozapine services review would include updating the white blood cell references ranges, who can prescribe clozapine, the need to keep both paper and electronic records (which Medsafe audit against), the funding model, the training programme, ongoing funding for the training.

The consumers on the EAG emphasised the importance of co-design with patients. A number of items were mentioned as important and not fully covered in the items above. For example:

- medicine synchronisation programmes
- telehealth virtual consultations
- improved pharmacy access and physical surroundings for people with disabilities
- patient education programmes – medicines, chronic disease, healthy living, medicines adherence
- mental health 'first aid training' to better support consumers
- chronic disease management programmes.

It was noted that many of these services are features of the LTC service.

The point was made that it is important to appreciate the importance of the whole pharmacy development programme and taking into account the general practice service funding tied to capitation. The focus of the EAG must integrate, with the broader primary care development programme.

### **Recommendations to be put to NAAR**

#### **EAG**

- To initiate the work on the Clozapine Services review and for a draft terms of reference / workstream brief for this working group to be developed as soon as possible, for EAG advice and NAAR approval.
- To also progress work towards enabling a Minor Health Conditions Service as the next key item of work in the EAG work plan, once the Clozapine Services review work is complete.

ACTION: 20240625:1	Health NZ to make the Minor Health Conditions Service evaluation available as soon as its available
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ACTION: 20240625:2	To ask NAAR to ratify the early actions in the workplan.
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ACTION: 20240625:3	To draft a workstream brief for the Clozapine Services review working group.
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### 3. Expertise for the first working group (Clozapine Services review)

A number of possible names were suggested for this working group.

Clozapine Services review working group: initial suggested membership:

[REDACTED]

The aim is for the first meeting of the Clozapine Services review working group to be held the week beginning 29 July 2024.

ACTION: 20240625:4	To ask NAAR to endorse the membership of the Clozapine Services review working group.
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#### Summary of the actions

Number	Action	Date due
20240625:1	Health NZ to make the Minor Health Conditions Service evaluation available as soon as its available.	As soon as available
20240625:2	To ask NAAR to ratify the early actions in the workplan.	11 July 2024
20240625:3	To draft a workstream brief for the Clozapine Services review working group.	To be confirmed
20240625:4	To ask NAAR to endorse the membership of the Clozapine Services review working group.	11 July 2024

#### Meeting Close 1:00 pm

**Next Meeting:** 6 August 2024 (online). After the meeting, the date was amended to mid to late August (to be confirmed)

**Karakia whakamutunga:** Lisa Britton