

**Integrated Community Pharmacy Services
 Agreement National Annual Agreement Review 2023
 Meeting 5 Minutes**

Date	Monday 21 August 2023	
Start Time	1:00 pm	Finish Time 2:30 pm
Location	MS Teams Click here to join the meeting Meeting ID 465 840 688 913 Passcode TDU7ho	
Independent Chair	Shenagh Gleisner	
Te Whatu Ora	Emma Prestidge, Interim Director, Primary, Community and Rural, National Commissioning Adeline Cumings, Group Manager, Primary Health Care System Improvement and Innovation, National Commissioning	
Te Aka Whai Ora	Karney Herewini, Senior Advisor Service Development	
Provider representatives	Alchemy Group Ravnit Lal	Bargain Chemist Group Peter Shenoda
	Canterbury CP Group Aarti Patel, Alex de Roo	Chemist Warehouse Group Ravniel Singh, Saif Al-Sheibani
	Countdown Pharmacy Group Jeremy Armes, Jason Wong	Girn Group Jatinder (Jay) Girn
	Green Cross Health Gemma Buchanan	Independent Pharmacy Group Phil Berry
	Kiwi Pharmacy Ming Goh, Mitchell Trezise	Midland CP Group Cath Knapton
	NDL Group Nikil Lal, Pooja Rathod	Oakley Brown Pharmacy Group Carolyn Oakley Brown, Linda Hermiston
	Pharmacy Care Group Amrit Ram	Pharmacy Guild of NZ Andrew Gaudin, Nicole Rickman, Glenn Mills, Sally McKechnie (Simpson Grierson - legal support to PGNZ)
	Pharmacy Partners David Mitchell	Pill Drop Jack Lee
	Totem Group Kerry Oxenham	ZOOM Pharmacy David Taylor, Din Redzepagic
Independent representatives	Ibrahim Al-Mudallal	Sam and Eliza Hood
	David Bullen	Jessica Moh
	Ian McMichael	Natalia Nu'u
	Nancy Nasef	Craig Thompson
	Nathan Reilly	
Observers	Manatū Hauora	TBC
	Pharmaceutical Society of NZ	Shirena Vasan, Helen Morgan-Banda

	Pharmacy Council of New Zealand	Michael Pead
	Māori Pharmacists Association	Mariana Hudson, Kevin Pewhairangi
	Pacific Pharmacists Association	Diana Phone
Te Whatu Ora In attendance	Billy Allan, Manager Pharmacy, National Commissioning Alex Rodgers, Principal Analyst, Improvement & Innovation Andrew Bary, Acting Manager Pharmacy, National Commissioning Estelle Petrick, Executive Assistant to Emma Prestidge Interim Director, Primary, Community and Rural	

Meeting papers

1.	Minutes from last meeting - agreed and published Integrated Community Pharmacy Services Agreement National Annual Agreement Review 2023, meeting 4
2.	Actions from last meeting NAAR 2023 – meeting 4, 9 August 2023, Actions
3.	Item 3.4 Proposed wording for the Letter of Offer regarding Te Whatu Ora's Commitment to re-instating the Pharmacy Services EAG
4.	Pharmacy Services Expert Advisory Group Terms of Reference 14 April 2019 (For information)
5.	Item 3.5 Discussion on matters outside of NAAR 2023 and how the pharmacy sector will engage with these

Agenda

Time	Item
1:00 pm	1. Welcome 1.1 Karakia 1.2 Apologies 1.3 Agenda confirmation
1:15 pm	2. Review of actions from Meeting 4, 9 August 2023 (paper)
1:30 pm	3. Discussion points 3.1 Ability to implement a change in contract year if all providers do not accept the proposal (Proposal B with a change in contract year to July-June) <ul style="list-style-type: none"> • Legality • Sector Operations 3.2 Ability to provide reconciliation reports to individual pharmacies 3.3 Immunisation co-administration fee (influenza and shingles immunisations) 3.4 Proposed wording for the Letter of Offer regarding Te Whatu Ora's commitment to re-instating the Pharmacy Services EAG 3.5 Discussion on matters outside of NAAR 2023 and how the pharmacy sector will engage with these
3:50 pm	4. NAAR Meeting Close 4.1 Discussion summary 4.2 Agreed actions 4.3 Joint communique: key messages agreed 4.4 Karakia whakamutunga
4:00 pm meeting close	

1. Welcome, karakia, apologies, agenda confirmation																																						
Welcome: The Chair opened the meeting																																						
Karakia timatanga: Emma Prestidge																																						
<p>Apologies, were received from:</p> <table border="0"> <tr> <td>• Girn Group</td> <td>Jay Girn</td> </tr> <tr> <td>• Clinic Pharmacy</td> <td>Craig Thompson</td> </tr> <tr> <td>• Davenport 7-Day Pharmacy</td> <td>Nancy Nasef</td> </tr> <tr> <td>• Howick House Pharmacy</td> <td>Jessica Moh</td> </tr> <tr> <td>• Kiwi Pharmacy Group</td> <td>Ming Goh</td> </tr> <tr> <td>• Leamington Pharmacy</td> <td>Nathan Reilly</td> </tr> <tr> <td>• Midland CPG</td> <td>Cath Knapton</td> </tr> <tr> <td>• NDL Group</td> <td>Nikil Lal</td> </tr> <tr> <td>• NDL Group</td> <td>Pooja Rathod</td> </tr> <tr> <td>• Oakley Brown Group</td> <td>Carolyn Oakley Brown</td> </tr> <tr> <td>• Pharmaceutical Society (PSNZ)</td> <td>Richard Townley (who has now left PSNZ, Helen Morgan-Banda replacing as new CEO)</td> </tr> <tr> <td>• Te Aka Whai Ora</td> <td>Cherie Seamar (Karney Herewini attending)</td> </tr> </table> <p>Not present:</p> <table border="0"> <tr> <td>• Phil Berry</td> <td>• Amrit Ram</td> </tr> <tr> <td>• Eliza Hood</td> <td>• Din Redzepagic</td> </tr> <tr> <td>• Sam Hood</td> <td>• Raviel Singh</td> </tr> <tr> <td>• Mariana Hudson</td> <td>• Saif Al-Sheibani</td> </tr> <tr> <td>• Jessica Moh</td> <td>• David Taylor</td> </tr> <tr> <td>• Natalia Nu'u</td> <td>• Mitchell Trezise</td> </tr> <tr> <td>• Kevin Pewhairangi</td> <td>• Shirena Vasani</td> </tr> </table>	• Girn Group	Jay Girn	• Clinic Pharmacy	Craig Thompson	• Davenport 7-Day Pharmacy	Nancy Nasef	• Howick House Pharmacy	Jessica Moh	• Kiwi Pharmacy Group	Ming Goh	• Leamington Pharmacy	Nathan Reilly	• Midland CPG	Cath Knapton	• NDL Group	Nikil Lal	• NDL Group	Pooja Rathod	• Oakley Brown Group	Carolyn Oakley Brown	• Pharmaceutical Society (PSNZ)	Richard Townley (who has now left PSNZ, Helen Morgan-Banda replacing as new CEO)	• Te Aka Whai Ora	Cherie Seamar (Karney Herewini attending)	• Phil Berry	• Amrit Ram	• Eliza Hood	• Din Redzepagic	• Sam Hood	• Raviel Singh	• Mariana Hudson	• Saif Al-Sheibani	• Jessica Moh	• David Taylor	• Natalia Nu'u	• Mitchell Trezise	• Kevin Pewhairangi	• Shirena Vasani
• Girn Group	Jay Girn																																					
• Clinic Pharmacy	Craig Thompson																																					
• Davenport 7-Day Pharmacy	Nancy Nasef																																					
• Howick House Pharmacy	Jessica Moh																																					
• Kiwi Pharmacy Group	Ming Goh																																					
• Leamington Pharmacy	Nathan Reilly																																					
• Midland CPG	Cath Knapton																																					
• NDL Group	Nikil Lal																																					
• NDL Group	Pooja Rathod																																					
• Oakley Brown Group	Carolyn Oakley Brown																																					
• Pharmaceutical Society (PSNZ)	Richard Townley (who has now left PSNZ, Helen Morgan-Banda replacing as new CEO)																																					
• Te Aka Whai Ora	Cherie Seamar (Karney Herewini attending)																																					
• Phil Berry	• Amrit Ram																																					
• Eliza Hood	• Din Redzepagic																																					
• Sam Hood	• Raviel Singh																																					
• Mariana Hudson	• Saif Al-Sheibani																																					
• Jessica Moh	• David Taylor																																					
• Natalia Nu'u	• Mitchell Trezise																																					
• Kevin Pewhairangi	• Shirena Vasani																																					
<p>Orientation to the meeting</p> <p>The Chair acknowledged that there is likely to be some disappointment in what has been achieved; expressed appreciation for the efforts of Te Whatu Ora staff in the context of many constraints and acknowledged the strong articulate voice of the pharmacy representatives for their sector and the respectful manner in which these discussions have been conducted.</p>																																						

2. Review of actions from Meeting 4, 9 August 2023			
Number	Action	Date Due	Status
20230725:4	Te Whatu Ora to investigate if/how an immunisation coadministration fee can be enabled through the ProClaim payments system	21 August 2023	Te Whatu Ora has received confirmation that an immunisation coadministration fee (influenza and shingles immunisations administered to the same person at a single event) can be implemented
20230809:1	Te Whatu Ora to seek advice on the legality of having an ICPSA national contract with different contract years for different providers.	16 August 2023	There are no legal reasons why Te Whatu Ora can't have different parties on different timeframes

20230809:02	Te Whatu Ora to seek advice from Sector Operations on the feasibility, practicality and potential impact of introducing the proposed new fees model.	16 August 2023	<p>Technical challenges with the payments system prevent Sector Operations from supporting two different ICPSA contract years at the same time.</p> <p>The proposed change would break the Case Mix Payment process in a few places based on how the code works. To implement the proposed changes would require significant development and testing, the timeframe and outcome for which are uncertain.</p> <p>Unfortunately, this means that Te Whatu Ora is not able to offer a change to the ICPSA contract year as we cannot guarantee 100% acceptance by contract holders to a change to the ICPSA contract year dates.</p> <p>It is anticipated that Te Whatu Ora's new contracts and payments system (Health Sector Agreements and Payments (HSAAP)) will resolve these issues.</p>
20230809:3	Te Whatu Ora to seek advice from Sector Operations if they will be able to provide a reconciliation report to individual pharmacies, to reflect the new fees, back payments and adjustment payments if the proposed new fees model is introduced.	16 August 2023	Unfortunately, Sector Operations cannot generate a reconciliation report for individual pharmacy contractors.
20230809:4	To add to the agenda for the next meeting: proposed wording for the Letter of Offer regarding Te Whatu Ora's commitment to reinstating the Pharmacy Services EAG.	16 August 2023	Added to the agenda for the 21 August meeting.
20230809:5	To add to the agenda for the next meeting: Discussion on matters outside of NAAR 2023 and how the pharmacy sector will engage with these.	16 August 2023	Added to the agenda for the 21 August meeting

3. Discussion points

3.1 Ability to implement a change in contract year if all providers do not accept the proposal (Proposal B with a change in contract year to July-June)

- Legality
- Sector Operations

Te Whatu Ora

Reiterated the challenge faced to achieve 100% agreement from all pharmacies, which would be required for a contract year change, and highlighted the historical difficulty of getting full agreement.

Responses from the providers

There was overall strong support for attempting to obtain the 100% acceptance of the change because it would be a welcome financial boost (approximately \$8 million) to the sector at a time when stresses were high. Several comments were made and suggestions on how to try to achieve this:

Chemist Warehouse Group

Stressed the importance of taking every opportunity to try and secure the participation of all parties involved.

Canterbury CP Group

Suggested setting a time frame for the offer and, if the outliers could be identified, reaching out to them promptly to gauge their interest in signing up. They felt that most providers would be interested, as there was a financial incentive.

Pharmacy Partners

Expressed belief that should the changes in contract date not be possible, it reduced the appeal of the overall proposal, making it less attractive or acceptable, therefore emphasised the need for frankness in discussing this matter.

Green Cross Health

Inquired about whether the clause related to varying the contract year would be included in the same document as the other uplift terms. This comprehensive document, in her view, would make the entire package more desirable. The goal would be to make the entire packages appealing to the industry.

Totem Group

Proposed a solution in the form of a conditional note, in other words to ask contract holders to make a binding commitment to sign the contract variation as outlined in the draft letter of offer and for those outliers to be actively followed up to seek alignment.

Pharmacy Guild

Agreed with many of the comments and proposed that this alignment payment could become a part of a sign-on incentive, implying that if individuals didn't sign up for the contract variation, they would not receive their share of the \$8 million.

Countdown Pharmacy Group

Voiced concern about the potential consequences of not finding a resolution. Noted that while it seemed that everyone in the meeting was well aligned, there were individuals outside of the meeting who, for various reasons, might choose not to cooperate; indicated that this minority could potentially hinder progress for the entire sector.

Canterbury CP Group

Proposed that the offer should include a conditional option, where unless everyone signs it, they automatically fall back on a second option that is the same for everyone. This approach, according to Canterbury CP Group, would provide clarity and a common fallback position in case not everyone accepts the initial offer.

Countdown Pharmacy Group

Stated that the objective was not to seek additional funds but rather to return to the conditions that existed before 2018. The importance of working sensibly to get all contractors on board was

stressed and raised the question of whether an offer for nine months could help align them for the next year and the need to avoid future discussions about delays caused by technical issues beyond their control.

Green Cross Health

Inquired about the possibility of separating the proposal into two parts: a voluntary agreement concerning the contract year and a subsequent variation regarding the uplift. Suggesting that they tackle each aspect separately, potentially starting with a voluntary agreement for the contract year before addressing the uplift. This approach aimed to make the process more manageable and perhaps more acceptable to all parties.

Te Whatu Ora

Considered all these suggestions and responded to them. Clarified that the proposed change wasn't an additional funding offer but rather a cost associated with aligning the contract term with other sectors. Te Whatu Ora stressed their willingness to make this change and bear the associated costs.

Pointed out the complexity of negotiating with individual providers, stating that once individual letters were sent out, the decision to accept the offer rested with the providers themselves and it cannot be forced on them or it amounted to a compulsory variation which is not legal.

It is not acceptable to send out a letter of offer and hope that everyone would sign up, given the possibility that some might not agree to it.

Te Whatu Ora was open to providing an option for a time-bound approach but expressed uncertainty about the specifics of a conditional approach, indicating that the wording and legal aspects might be challenging to define. Te Whatu Ora said that they will need a few days to gather legal opinions and agree a simplified approach. This may mean sending out a letter of offer focussing only on shifting the contract year prior to a final letter of offer.

Emphasised the importance of socialising the proposal with the sector to achieve alignment, even if it couldn't be implemented this year and believes that aligning the sector for the following year was a valuable opportunity.

Pharmacy Guild

Expressed agreement with the idea of obtaining legal advice on the matter, hoping that this process could be expedited and completed within the next couple of days. Acknowledged the value of exploring the conditional offer element as discussed earlier, suggesting that it could be a viable option worth considering.

Chair's summation

Acknowledged the consensus reached on doing all that was possible to achieve the 100% agreement to a change of contract year. Te Whatu Ora would explore the legal and practical feasibility of the options presented by providers and respond quickly.

ACTION: 20230821:1

Te Whatu Ora to seek legal advice about the options to progress the proposed alignment of the ICPSA contract year.

3.2 Ability to provide reconciliation reports to individual pharmacies

Te Whatu Ora

Due to outdated systems, Te Whatu Ora can't provide reconciliation reports for individual pharmacies. It would require a manual process, which is not feasible.

Pharmacy Guild

Concurred that there was likely no workaround for this issue, suggested an alternative approach since getting a reconciliation report wasn't possible: that Te Whatu Ora provide documentation outlining the methodology for implementing the proposed changes. This documentation would clarify how the new fees and payments would work, making it easier for pharmacies to understand how they would be impacted when they receive payments.

Te Whatu Ora

Te Whatu Ora to provide the methodology for implementing the changes under Variation 5.

Pharmacy Partners

Emphasised the importance of providing pharmacies with information regarding the implications of the proposed changes, particularly the decrease in the APAS pool (under Proposal B). The goal was for individual pharmacies to understand the implications of these changes for their payments. Believed that it should be relatively straightforward for a skilled analyst to obtain the necessary data about APAS payments from the Sector Operations system.

Pharmacy Guild

Sought a written explanation of the process to gain a clear understanding of it. This information would allow them to reassure their members that they were comfortable with the payment process and potentially assist in reconciling those payments based on the provided information.

This change was intended to correct what was perceived as a distortion in the system, and there was a consensus that this correction was needed around APAS. While some providers might receive slightly less, overall, everyone would benefit financially. Suggested that if it was too challenging to model the impact at the individual level, the modelled overall impact analysis should suffice (as was currently presented in the letter of offer).

Te Whatu Ora

Explained that the impact analysis on individual pharmacies had been conducted as part of the modelling. However, the challenge lay in effectively communicating this impact to each individual pharmacy in a way that was clear and understandable within the offer.

ACTION: 20230821:2	Te Whatu Ora to provide the methodology for implementing the changes under Variation 5
ACTION: 20230821:3	Te Whatu Ora to explore the operational feasibility of providing reports to individual pharmacies outlining the potential impact of implementing the Variation 5 uplift and partial redistribution of the APAS pool (Proposal B)

3.3 Immunisation co-administration (influenza and shingles immunisations) fee

Te Whatu Ora

It is operationally possible to provide an immunisation co-administration fee for influenza and shingles immunisations administered to the same eligible person at the same event. This has been included in the draft latter of offer.

The fee would be a standard immunisation fee (at the uplifted rate, \$36.05) plus a co- administration element (\$20.52):

$$\$36.05 + \$20.52 = \$56.57 \text{ (excluding GST).}$$

This proposal is the same as general practice receives.

Pharmacy Guild

Inquired about the possibility of broadening the immunisation co-administration fee to cover other

vaccines beyond influenza and shingles, noting the historical argument for encouraging multiple vaccinations on the same day to boost uptake.

Te Whatu Ora

Noted that extending immunisation co-administration fees for other immunisation combinations has not been budgeted. The standard immunisation fee (\$36.05) is a generous uplift designed to continue the payment at COVID-19 immunisation administration rates. There are no plans to expand immunisation co-administration fees to cover additional vaccines at the moment. It is not a priority at this stage.

3.4 Proposed wording for the Letter of Offer regarding Te Whatu Ora’s commitment to re-instating the Pharmacy Services expert advisory group (EAG)

Pharmacy Guild

The proposed date for nominations was October 31, 2023, but they believed it might be more suitable to have these representatives nominated by the end of September to facilitate the establishment of the group quickly. Additionally, they expressed that listing the services to be reviewed within the letter of offer was premature. The EAG itself should decide on which services to review.

Pharmacy 547

Inquired about the process for determining the composition of the initial subgroup that would be established to form the new EAG.

Te Whatu Ora

The nominations for this subgroup will come from the NAAR 2023 representatives themselves.

Confirmed that the list of services can be removed from the letter of offer, and the actual work plan for the EAG would be discussed and decided once the EAG subgroup was set up.

The timeline for nominations can be changed to an end-of-September deadline (29 September 2023), as suggested by the Pharmacy Guild.

ACTION: 20230821:4

Te Whatu Ora to amend the wording in the letter of offer covering re- instating the EAG:

- nominations to be called from the NAAR 2023 representatives for the subgroup by 29 September 2023
- remove the reference to specific service reviews by the EAG

3.5 Discussion on matters outside of NAAR 2023 and how the pharmacy sector will engage with these

Strategic Design Networks

Te Whatu Ora

Te Whatu Ora is going through an expression of interest (EOI) process which involves both internal and external appointments that support the strategic design networks. The internal appointments need to be completed first, and then external EOIs will be released for sector representatives to join these groups. The specific timeline for these appointments depends on various factors (eg, appointment processes and timelines), but the process is currently underway, with EOI advertisements for external recruitment being prepared. Mentally Well and Living Well (the area in Commissioning that Pharmacy will sit under), are priority for external recruitment to the strategic networks.

Pharmacy Guild

Sought clarification about the roles and responsibilities within the strategic design networks and expressed a desire for a more concrete understanding of the work that will be undertaken. Wanted specific details about what these terms meant in the context of pharmacy. Emphasised the need for a clearer understanding of the pharmacy-related aspects of these networks.

Te Whatu Ora

Explained that while it's too early to provide specific wording, the work related to pharmacy is an essential part of the broader primary and community work, that pharmacy and general practice are closely intertwined, and considerations for both sectors will be prioritised in the network discussions. Major new agreements, including those for pharmacy, are expected around 2025.

Sustainable Funding and Workforce Retention

Pharmacy Guild

Expressed the importance of addressing the pressing concerns of sustainable funding and workforce retention in the pharmacy sector. Noted that while they see themselves as part of the solution to the workforce shortages in other sectors like general practice, they are concerned that their issues aren't receiving the priority they believe they should.

The Pharmacy Guild also expressed concern about the language used in the draft letter of offer, suggesting that it appears vague and less committed compared to the language used for general practice and mentioned that the Pharmacy Guild hope to see more specific timeframes and pieces of work to address these issues.

Pharmacy 547

Called for clarity on the pathways for addressing the proposals raised through NAAR 2023, particularly those related to innovation and productivity and including health and safety concerns. Wished to be assured on how these topics would be addressed in the future, as they have not been part of the current discussions.

Te Whatu Ora

Acknowledging the importance of sustainability in the healthcare system and emphasised that there aren't separate pots of money for different sectors. The goal is to develop a sustainable system in New Zealand that aligns with the intent of Pae Ora. As the reforms progress there will be a need to consider factors like the number of pharmacies and the service delivery methods to meet the needs of New Zealanders.

Te Whatu Ora also mentioned that the healthcare reform process takes time and that all sectors are working towards a common framework for national, regional, and local discussions to bring about systemic changes.

Te Whatu Ora did however accept that the language should be more straightforward and understandable to individual pharmacy owners, who may find terms like 'strategic design networks' unclear and will work on improving the text to make clear what these concepts mean in practical terms.

Pharmacy Guild

Expressed their appreciation of Te Whatu Ora's offer to re-evaluate the language and content of the paragraph and provide clearer assurances without making unrealistic commitments.

ACTION: 20230821:5

Te Whatu Ora to amend the wording in the letter of offer covering the 'future engagement'.

Emails received

Te Whatu Ora had received two emails from NAAR representative on the morning of the meeting to which they responded to the points raised.

1. With the recent changes to the banking system can payments by Te Whatu Ora be made on the day rather than the next business day?

That is a decision that would need to be investigated as to implement it would require changes in the ProClaim payment system and staff working 7 days, making it unlikely to change immediately. It is possible that the new payments system (Health Sector Agreements and Payments, HSAAP) will accommodate same day payments.

2. Do the case mix calculations / payments for July, August and September take into consideration the zero prescription co-payment changes on 1 July 2023?

Case Mix calculations do not include prescription co-payments. Case mix is based on dispensing / dispensing fees.

3. Are payments for immunisations, since the 1 August 2023 changes, being made correctly?

Sector Operations believe where payments have not been made this is likely because pharmacies have not been claiming the separate immunisation free that was implemented 1 August 2023. Lack of awareness might be causing payment delays.

4. Since the 1 July 2023 changes to zero prescription co-payments are change of ownership payments for ARRC, CDOS and CRC services being made correctly?

ARRC, CDOS and CRC services are calculated the same as core and LTC payments. For example, if no prescription co-payment was levied then no prescription co-payment is deducted from the pharmacy payment. The only difference is a pharmacy will receive a higher dispensing fee via the prescription claim (eg, the dispensing fee is paid in the claim) – not via the case mix payment.

5. When incorrect payment adversely affecting contract holders, such as the above instances (and others that have previously occurred), Te Whatu Ora should provide compensation? This should be in the contract.

Sector Operations does not believe that the payments as described above have contained errors.

6. If an EAG is started up again, it needs to be reporting back on a regular basis to all contract holders. That it's make up should not be as previous and be made up instead of people and organisations with proven track records of innovation and advancing patient care.

The NAAR subgroup reviewing the EAG terms of reference etc, will need to include EAG membership and sector communications in their review and planning.

7. Acknowledgment needs to be made, that pharmacy contract holders, are not equipped with the best tools for pharmacists and their staff to operate under, to give their patients the best possible care. This is a health and safety issue and needs to be urgently addressed.

This lack of provision of tools is because Te Whatu Ora doesn't prioritize their need. If it could be acknowledged that the responsibility for this lack of tools goes all the way back to the Chief Allied Health Professions Officer.

Issues which have been tried to address over the last year, with no success, since NAAR 2022 are:

- the provision of electronic controlled drugs books
- the provision of electronic restricted persons lists
- a review of special authorities and all the issues associated with it
- the poor prescribing practices of prescribers employed within Te Whatu Ora hospitals and outpatient clinics.

Te Whatu Ora response:

Acknowledged that progress has not been fast on matters such as the electronic controlled drug register and the special authority issues, but that they are being addressed and are handled separately from NAAR. For example, an update on the electronic Controlled Drug registers was provided at last week's fortnightly pharmacy sector hui.

Pharmacy 547

Payments for the COVID related services have been delayed.

Te Whatu Ora

Clarified that COVID services are local agreements and not within the purview of NAAR (the COVID agreements are not under the ICPSA). Queries related to COVID service agreements and payments should be addressed through local district pharmacy portfolio managers.

In conclusion

Green Cross Health

Expressed concerns about pharmacy being underfunded and struggling financially, emphasised the importance of ensuring that any changes in the contract provide enough support to pharmacy owners to continue operating effectively. Mentioned the need to consider the overall package and how it affects pharmacy's ability to support the health transformation goals and urged Te Whatu Ora to take into account the challenges faced by pharmacy owners and ensure pharmacy owners don't feel disadvantaged by the contract changes.

All representatives emphasised again the contribution that the pharmacy sector can make to the aspirations of the health reforms and for Te Whatu Ora to make as clear as possible how they value the pharmacy sector.

Te Whatu Ora

Acknowledged the importance of this and noted again how the complexity of the reforms and the considerable uncertainty makes it hard to be as specific as they would wish.

Te Whatu Ora said they ideally wanted to release the letter of offer to the sector by 6 September 2023, but this timeline would depend on obtaining further legal advice, which might lead to another letter of offer.

Chair's summation

The EAG changes in the letter of offer can all be changed in accordance with the wishes of the provider representatives. The clarity of communication in the draft letter of offer will be improved. There does however remain considerable uncertainty about the precise form of the health sector and the specific timing on addressing the issues for pharmacies.

The Chair once again commended NAAR 2023 on the robust but respectful discussion of NAAR 2023.

4.1 Agreed actions

Number	Action	Due Date
20230821:1	Te Whatu Ora to seek legal advice about the options to progress the proposed alignment of the ICPSA contract year.	As soon as practicable
20230821:2	Te Whatu Ora to provide the methodology for implementing the changes under Variation 5.	Once NAAR have agreed Variation 5
20230821:3	Te Whatu Ora to explore the operational feasibility of providing reports to individual pharmacies outlining the potential impact of implementing the Variation 5 uplift and partial redistribution of the APAS pool (Proposal B).	To be distributed to providers with their letter of offer and Variation 5
20230821:4	Te Whatu Ora to amend the wording in the letter of offer covering re-instating the EAG: <ul style="list-style-type: none"> Nominations to be called from the NAAR 2023 representatives for the subgroup by 29 September 2023 Remove the reference to specific service reviews by the EAG. 	For the final letter of offer
20230821:5	Te Whatu Ora to amend the wording in the letter of offer covering the 'future engagement'.	For the final letter of offer

4.2 Joint communique: key messages agreed

The Chair will provide the draft joint communique by close of business, Tuesday 22 August 2023, for feedback by 5 pm Wednesday 23 August 2023.

The final communique will be distributed separately to these minutes.

4.3 Next steps

- The Chair will review the draft minutes by close of business Wednesday 23 August 2023 and send them to participants.
- Comments on the minutes are to be received by 12 noon Friday 25 August 2023. No comment will be taken as approval.

4.4 Karakia whakamutunga: Emma Prestidge

The meeting closed at 2:30 pm