

Integrated Community Pharmacy Services Agreement
National Annual Agreement Review 2024
Meeting 2 Minutes

Date	Thursday 4 April 2024	
Time	9:00 am to 10:40 am	
Location	MS Teams Click here to join the meeting Meeting ID: 487 643 974 616; Passcode: w3rCkk (if link above does not work)	
Independent Chair	Shenagh Gleisner	
Health New Zealand Te Whatu Ora	<ul style="list-style-type: none"> • Astuti Balram, Group Manager Primary Care, Living Well, National Commissioning • Nicola Ehau, Regional Wayfinder, Commissioning, Te Manawataki • Danny Wu, Regional Wayfinder, Commissioning, Northern Region 	
Te Aka Whai Ora	<ul style="list-style-type: none"> • Karney Herewini, Senior Advisor Service Development 	
Ministry of Health	<ul style="list-style-type: none"> • Andi Shirtcliffe, Clinical Chief Advisor – Pharmacy, Allied Health 	
Provider representatives	Alchemy Group Ravnit Lal	Bargain Chemist Group Peter Shenoda
	Canterbury CP Group 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, Joel Sathuluri	Independent Pharmacy Group Phil Berry
	Kiwi Pharmacy Ming Goh, Mitchell Trezise	Midland CP Group Cath Knapton
	NDL Group Nikil Lal	Oakley Brown Pharmacy Group, Linda Hermiston
	Pharmacy Care Group Amrit Ram	Pharmacy Guild of NZ Andrew Gaudin, Nicole Rickman, Glenn Mills.
	Pharmacy Partners David Mitchell	Pill Drop Jack Lee, Suzanne Burge
	Totem Group Kerry Oxenham	ZOOM Pharmacy David Taylor, Din Redzepagic
Independent representatives	Ibrahim Al-Mudallal	Jessica Moh
	David Bullen	Scott Moir
	John Handforth	Nancy Nasef
	Sam Hood, Eliza Hood	Natalia Nu'u
	Brett Hunter	Samit Patel
	Ian McMichael	
Observers	<ul style="list-style-type: none"> • Māori Pharmacists Association: Mariana Hudson • Pacific Pharmacists Association: Diana Phone • Pharmaceutical Society of NZ: Helen Morgan-Banda, CEO • Pharmacy Council of New Zealand: Michael Pead, CEO 	

Te Whatu Ora In attendance	<ul style="list-style-type: none"> • Billy Allan, Principal Service Development Manager, Pharmacist Services • Andrew Bary, System Design Manager, Pharmacist Services • Lisa Britton, Senior Service Development Manager, Primary Care • Alex Rodgers, Principal Investment Analyst, Funding & Investment team, National Commissioning
---------------------------------------	---

Agenda

Time	Item	Page
9:00 am	1. Welcome, Introduction and apologies <ul style="list-style-type: none"> a. Welcome, karakia, introductions, new members b. Confirmation of the agenda 	
9:15 am	2. Review of the actions from Meeting 1, 19 February 2024 (paper) <ul style="list-style-type: none"> a. 20240219:2 Provider representatives to arrange practising community pharmacist (4 members) and provider (2 members) representatives to the EAG. 	Page 14
9:45 am	3. Redistribution of APAS payments and anticipated price uplift across service lines Supporting papers <ul style="list-style-type: none"> a. Integrated Community Pharmacy Services Agreement – February 2024 forecast of demand and expenditure b. Integrated Community Pharmacy Services Agreement – locally commissioned services – March 2024 c. APAS: benefits and harms, and how this funding could be redistributed d. ICPSA service lines 	Pages 15-49 Pages 50-63 Pages 64-70 Pages 71-72
10:15 am	4. Referral of people into general practice for enrolment <ul style="list-style-type: none"> • Scoping newborn enrolment process 	
10:30 am	5. Mandatory training under the ICPSA – clozapine and CPAMS services + COVID-19 antiviral medicines training	
10:40 am	6. Call for topics for the EAG work programme	
10:50 am	7. Summary and next steps <ul style="list-style-type: none"> a. Discussion summary b. Agreed actions c. Joint communique: key messages agreed d. Next meeting 30 April 2024 e. Karakia 	
11:00 am	Meeting close	

1. Welcome, Introduction and apologies

Welcome: The Chair opened the meeting and welcomed everyone.

Karakia Timatanga: Astuti Balram

Apologies:

- Ian McMichael
- Martin Hefford
- Cath Knapton
- Brett Hunter
- Alex Rodgers

Late joining:

- Michael Pead (9:31 am)
- Danny Wu (9:57 am)

New members: The Chair welcomed Lisa Britton, Senior Service Development Manager, Primary Care (replacing Ruksana Shaikh who has left Health New Zealand (Health NZ)).

Not present:

- Phil Berry
- Suzanne Burge
- Jatinder (Jay) Girn
- Ming Goh
- John Handforth
- Karney Herewini
- Eliza Hood
- Sam Hood
- Mariana Hudson
- Nikil Lal
- Jessica Moh
- Ibrahim Al-Mudallal
- Nancy Nasef
- Natalia Nu'u
- Samit Patel
- Amrit Ram
- Din Redzepagic
- Peter Shenoda
- Ravniel Singh
- David Taylor
- Mitchell Trezise

2. Review of actions from Meeting 1, 19 February 2024

Action 20240219:2 Provider representatives to arrange practising community pharmacist (4 members) and provider (2 members) representatives to the EAG.

The Chair expressed confidence in the goodwill and trust of the members to achieve consensus on the representatives to the EAG and stressed the importance of diverse voices. She hoped that a voting system would not be needed. However, she wished for the different views about the voting system to be discussed, for a final decision to be made.

Pharmacy Guild summarised that in feedback it received from two rounds of NAAR provider representatives, there was clear agreement on the aim for consensus decision-making for the sector

representatives to agree the nominations for two provider representatives and four practising community pharmacists. There was agreement on the criteria for both categories of membership, and a divided position (but clear majority support for), that if a decision was not reached by consensus, that the proposed weighted voting system would be adopted.

The Guild was keen for NAAR to know that the Guild does what they believe to be best for their diverse members. The Guild, Green Cross Health and Totem do not vote as a caucus. The Guild would seek to get consensus for the best possible EAG to be formed and thinks that the collective interests of its members are broadly representative to those of the sector.

Canterbury Community Pharmacy Group (CCPG) agreed that consensus is preferred but had a different view on the weighted voting system proposed by the Guild. The major concern, as laid out in the figures they presented, was that the proposed weighting system put the smaller provider groups at a disadvantage. These smaller groups make up a third of the sector. They were worried about the potential for manipulation by the larger provider groups.

CCPG had put forward suggested options to the Guild. These included (a) to put the vote out to all ICPSA providers and (b) a voting option that would acknowledge the number of providers the representatives represent including the total number of votes in proportion to the number of providers represented, with votes spread across the total 6 position votes. That is, that provider representatives' votes should be allocated across all positions in each category, rather than all votes weighted for each individual position. CCPG believe that this allocation of votes would likely have achieved greater across-the-board representation while still recognising the size of provider representatives.

CCPG were concerned that the Guild had not explained why these other options were less acceptable than the proposed weighted voting system and felt they still did not have an answer on this.

NAAR representatives responded to these ideas.

Totem Group expressed the view that provider representation on EAG needs to be decided by the NAAR pharmacy representatives and that all EAG members must have the capacity to work professionally with all parties to meet the terms of reference. All EAG representatives are working on behalf of their members which will contribute to the overall benefit of the entire sector. They supported the weighted voting system proposed by the Guild.

Countdown Pharmacy Group explained that it accepts that minor parties could be outvoted by bigger parties under the proposed weighted voting system. But they were keen to move on deciding EAG membership as quickly as possible. Noted that they understood Health NZ supported the proposed process. However, expressed a view that Health NZ should take a more proactive stance in situations on conflict within NAAR, rather than expecting full agreement between a disparate group of providers.

Health NZ view is that the way of nominating the EAG membership is for the provider representatives to decide and not for Health NZ to determine.

Oakley Brown Pharmacy Group thought the bigger provider groups would have the best interests of the whole sector in mind and produce a good EAG.

Green Cross Health believes that it would be cumbersome for all contract holders to be asked for nominations and that the concept goes against the vein of having appointed representation on NAAR. Supports consensus in the first instance and wants to ensure the EAG will do a good job. Outcomes are likely to be positive for all contract holders.

Pharmacy Guild responded that they believe feedback had been acknowledged and noted that they hoped that EAG provider and pharmacist nominations would be agreed through consensus and that a vote would not be required. The Guild also committed to respect the need for diversity of pharmacist opinion on the EAG and gave assurances they would not be attempting to force their candidates on the sector. The Guild agreed with the comments that representation was an important principle.

Pill Drop supported the view that the Guild acts in the interests of the whole sector.

The Chair concluded that there is largely agreement to progress with the proposal from the Guild. She acknowledges the real concern from Canterbury CP Group but has not heard many others voicing major doubts or asking for changes. She noted that, by raising this issue, Canterbury CP Group has stressed the importance of ensuring all diverse voices are heard and thanked them for this.

Canterbury CP Group expressed disappointed with the decision and wished it to be recorded that they do not agree with the weighted voting process as proposed. They accepted moving on with the process acknowledging the Guild's desire to achieve a consensus.

3. Redistribution of APAS payments and anticipated price uplift across service lines

Appreciation was expressed by NAAR representatives to Alex Rodgers from Health NZ who prepared a comprehensive set of papers. Alex was unable to be present due to sickness. Accordingly, any questions for further analysis should be sent to Billy Allan to ask Alex to do further work.

Comments on all the papers were received, but the major focus was on the distribution of payments between APAS and service lines.

Pharmacy Guild thinks the modelling done is a useful start to establish a baseline, but it is premature to start impact analysis at this stage, because it is not known what the impact of the cost-pressure uplift is yet, and there is a possibility of a 2-year contract which needs modelling. Would like a staged approach of removing APAS, assuming this is needed to ensure pharmacies are not negatively impacted.

Countdown Pharmacy Group would prefer APAS to be removed this cycle, but it could be a staged approach. Focus could be on underfunded lines.

Green Cross Health agreed that it is difficult to comment without knowledge of uplift. Note that some service fees cannot have uplift applied to because of IT barriers and would like clarification of this. Asked about locally commissioned services and unspent allocated funding.

Canterbury CP Group agreed that a move away from APAS was needed and would prefer to remove APAS fully this year and redistribute it across the underfunded lines.

Pharmacy Partners wants to move away from APAS in a staged approach, for example, 6-monthly changes rather than annual. Wanted to know what factors are included in the analyses around the difficulty in accessing primary care.

Health NZ is working on improving access to primary care, acknowledging that it is difficult to quantify. Ongoing work is occurring, and this can be discussed at future meetings with Alex present.

Pharmacy Guild asked about the washup payment scheduled in April and what the level of detail will be in the remittance advice. Proposed that the EAG could look at additional services to utilise the unspent funding allocated to local commissioned services, and opportunities for nationwide services. Sought to clarify if handling fee multipliers are hard-coded and therefore unable to be changed.

Health NZ confirmed that the washup payment will be on 30 April and not 14 April as previously indicated. There will be two washup payments during April: one for ICPSA version 5 and one for the annual washup (under variation 4). A communication is being drafted. This will be shared with NAAR for comment before going to the sector. Health NZ will also find out whether handling fee multipliers can be changed.

ACTION: 20240404:1	If any further modelling analysis is required, sector representative to communicate this by email to Health NZ by 12 April 2024.
ACTION: 20240404:2	Health NZ to provide the draft communication about the APAS washups to NAAR members for feedback.
ACTION: 20240404:3	Health NZ to confirm which service lines can be amended without out adverse impact on the Health NZ Sector Operations ProClaim payment system.

4. Referral of people into general practice for enrolment

Health NZ provided an update that for childhood immunisations in pharmacies there are concerns about the 6-week health checks and Well Child checks, and how pēpi using pharmacies as a point of vaccination may miss out on those checks. It is especially important as the target audience for this programme is children who are not enrolled with a PHO/general practice. Work is underway to scope how Health NZ can support pharmacy to support a proactive formal referral to either a Well Child provider and/or a general practice.

Green Cross Health is happy to assist with this process.

Pharmacy Guild is also supportive.

5. Mandatory training under the ICPSA – clozapine and CPAMS services

Health NZ informed NAAR that Health NZ will pay for the training programmes that are required for pharmacists to deliver clozapine, CPAMS and COVID-19 antiviral medicine services.

These training programmes are offered by the PSNZ. Health NZ will fund all pharmacists (both PSNZ members and non-members) to undertake these training courses. A formal announcement will be made in the next - 6 weeks when the agreement is in place.

NAAR representatives expressed their appreciation for this.

6. Call for topics for the EAG work programme

The Chair noted that this was an opportunity for NAAR representatives to put forward a few initial ideas, but there would be a process, outlined at the end of this discussion, on how to formally put forward suggestions for the programme.

Health NZ suggested that the EAG prioritise 2 or 3 topics initially – to ensure thorough attention to the top priority topics and a manageable workload for all concerned. Workstreams for each can then begin, and project management and support will be provided by Health NZ.

Green Cross Health asked for the Minor Ailments Service to be top priority for the EAG. They saw pharmacy do a good job of it and noted the need in communities for such a scheme. It would be a good fit with GP shortages and pressures on EDs, particularly as we head into winter. A second topic proposed is to look at the locally commissioned services and if any of these could become national services.

Pharmacy Guild agreed that Minor Ailments Service is an important priority, particularly with the opportunity for the programme to support the target of reducing waiting times in EDs and take pressure off GPs. The Minor Ailments Service allows GPs to focus more on chronic conditions, while also broadening the scope of practice for pharmacists, and might help to address workforce issues by attracting people into the profession. The second topic proposed is a locally commissioned pharmacy services report to identify services that would benefit from being nationwide. Both topics have existing service specifications so benefit could be realised quickly.

Canterbury CP Group agree with proposals for Minor Ailments Service and rolling out some locally commissioned services nationwide as topics for the EAG. Suggested also looking at some of the existing services, such as clozapine and methadone [OST services], to ensure they are fit for purpose.

Pharmacy Council asked what the future primary care model is and suggested that topics be considered in line with this.

Health NZ advised that the community pharmacy redesign work is underway as was spoken about at the previous NAAR. Health NZ will bring an update on the planning to the next NAAR meeting.

Pharmacy Council, acknowledging their observer status, expressed a desire to be involved in the EAG work programme development. Pharmacy Council and Health New Zealand to meet to discuss opportunities for Pharmacy Council's direct involvement.

Health NZ said that NAAR members will receive an email soon with a call for topics for the EAG, laying out some criteria to consider and a date by which to respond.

ACTION: 20240404:4	Health NZ and Pharmacy Council to discuss how the Pharmacy Council can support the planning underway for the community pharmacy redesign programme.
ACTION: 20240404:5	Health NZ will send an email to NAAR members with a call for topics for the EAG, with responses in by Friday 19 April 2024.

7. Summary and next steps

The Chair called for any other business. None was raised. She confirmed the timing of receiving the communique and minutes and confirmed all meeting notes are confidential until the minutes are ratified.

The timing of the next meeting was discussed, with a decision to cancel the meeting scheduled for 30 April 2024, and reschedule during the week beginning 20 May 2024. This is to allow time for the EAG nomination process to be thoroughly completed.

ACTION: 20240404:6	Health NZ to reschedule the next NAAR meeting the week of 20-24 May 2024.
--------------------	---

Meeting Close 10:50 am

Karakia whakamutunga: Astuti Balram

Summary of the actions

Number	Action	Date due
20240404:1	If any further modelling analysis is required, communicate this by email to Health NZ by 12 April 2024.	12 April 2024
20240404:2	Health NZ to provide the draft communication about the APAS washups to NAAR members' for feedback.	4 April 2024
20240404:3	Health NZ to confirm which service lines can be amended without out adverse impact on the Health NZ Sector Operations ProClaim payment system.	6 weeks (For meeting 3 in May 2024)
20240404:4	Health NZ and Pharmacy Council to discuss how the Pharmacy Council can support the planning underway for the community pharmacy redesign programme.	ASAP
20240404:5	Health NZ will send an email to NAAR members with a call for topics for the EAG, with responses in by Friday 19 April 2024.	5 April 2024
20240404:6	Health NZ to reschedule the next NAAR meeting the week of 20-24 May 2024. Health NZ will reschedule the next meeting for during the week of 20 – 24 May 2024 and email members.	5 April 2024